THE LANCET.

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LECTURES ON SURGERY,

DELIVERED BY

MR. WARDROP.*

INTRODUCTORY DISCOURSE.

THE science of medicine, since an early period of history, has been divided into two grand branches, one of which has been designated by the term Surgery, the other by that of Physic.

However indefinite and unphilosophical such a division may be, yet the term surgery, in its usual acceptation, will sufficiently answer as a general title to the lectures which are now to engage your attention. But before we consider any of the particular parts of this course, I propose to offer some general observations for your consideration, and to point out what appear to me to be some important circumstances which ought to be attentively considered in studying this characteristic division of the science of medicine. At once then it may be stated, that in order to acquire a *knowledge* of surgery, it is essentially necessary that you should be well acquainted with the natural structure of the human body, that you should be well acquainted, not only with what Bichat very properly denominated *general* anatomy, or the anatomy of the different textures or tissues which enter into the composition of the body, and also with *special* anatomy, being the anatomy of particular organs, but that your attention should be particularly directed to what has been denominated *relative anatomy*, or the anatomy of regions, by which term is to be understood the relative positions which the different parts of the body are known to occupy.

In the study of any of the sciences, but more especially of a subject so boundless as that of medicine, you must be well aware that years of application are necessary to qualify you for the discharge of the important duties that are involved in the practice of a surgeon, and that nothing but habits of the most unwearied diligence will enable you to acquire a competent knowledge of that profession, even after a prolonged course of study.

There is, however, a charm, more particularly in the branch of medicine under consideration, which will assuredly reward your utmost diligence. Surgery is, above all others, that science which, when skilfully directed, will enable you to be most useful to your fellow beings, and thus place you amongst the most esteemed members of the community. As an intellectual pursuit, surgery opens an inexhaustible treasure of the most interesting description; whilst it offers to the diligent, as well as to the ingenious, many paths yet unexplored, in which a rich harvest may be gathered.

You cannot trace back the history of surgery, even for a few years, without being gratified with the extraordinary rapidity with which it has advanced, and the perfection which many of its branches have attained. Thus the rules laid down for performing many operations, appear to be as nearly perfect as human experience and reason can, probably, render them.

But, it is not in the *manual* part of the art that modern surgery has to boast of its most important improvements; the successful application of medicine in the cure of diseases, thereby *preventing* the necessity of operations, ought to be considered as the perfection, or, rather, the triumph, of this science, by every intelligent, philosophical, and humane practitioner.

You ought not to allow yourselves to believe that *success* in the performance of surgical *operations* can ever prove the legitimate basis of your professional character and reputation. When we look back into the history of surgery, we honour the memory of those men who have unveiled the principles of the science, whilst the

* Although these lectures have not been re-delivered since the year 1830, the author has taken frequent opportunities of revising them, and of using his best endeavours to entitle them to the attention of the profession generally. He, at the same time, may remark that he has selected only such lectures and such parts of others of them as he has deemed most worthy of publication.

names of those surgeons who are chiefly known from the boldness, or, rather, it should be said, the rashness, of their operations, elicit from us neither admiration nor respect.

In the history of operations it is indeed humiliating to contemplate the number that have been performed unnecessarily. I say it is humiliating, because it cannot be denied that unfortunate results must have arisen either from the imperfect knowledge which the surgeon had of the disease, and the inadequacy of his remedies, or from a still more disgraceful cause, a desire of performing operations merely for self gratification and applause.

Surely John Hunter's name would have been as much renowned though he had never performed an operation. He has, perhaps, justly been considered, as the greatest surgeon which this country ever produced; yet his surgical character had nothing to do with the handicraft part of the profession, the great contributions which he made to surgery having solely arisen from the ingenious application of principles newly discovered by him, and from his philosophical investigation of diseases.

It is difficult, perhaps, to be explained, but it is not on that account the less true, that some individuals seem absolutely to have a predilection for performing surgical operations: whereas we should naturally suppose that nothing would be more repulsive to our nature than the infliction of pain on our fellow beings.

But there is a further source, whence, in many instances, this line of conduct derives its origin—a love of the reputation of being called "an operative surgeon."

"The passion of acquiring character in operations," says the late Mr. John Bell, "is surely full of danger, it is fit for those only to profess, who have no higher claim to public esteem." And again: "Those qualities which relate to operations and other public exhibitions of skill are of a very doubtful kind, while the duties of humanity and diligence are far more to be prized; they are both more amiable and more useful."

Some of you may have heard of instances where surgeons, in other respects deservedly eminent, forgetting the duties of civilized life, have attempted a kind of theatrical effect in performing operations, for no other purpose than to give bystanders a false impression of their dexterity, coolness, and presence of mind. The celebrated surgeon, whose name I have just quoted, remarks, "that affectation of dexterity, or doing operations quickly, is but a pitiful ambition in those who use it;" adding, "but you will invariably observe, that none except those who are deficient in moral courage, either find it requisite or think it necessary to resort to such conduct; and that a man who feels himself equal to the task he undertakes, proceeds deliberately and calmly, steadily bearing in mind the grand object —relief to the patient."

Operations, indeed, have also been considered by some as a kind of property, and I have even known serious disputes arise amongst medical men in deciding who was to have the pleasure, or rather to derive the profit, of using the knife. In conversation with a surgeon of extensive practice, who was mentioning his extraordinary absence of success in the removal of cancerous breasts, he was asked why he continued so bad a practice; to which question he replied, "that if *he* did not perform the operation some other person would, and he did not see why he should not have the *advantage* of doing it."

Let me, therefore, urge you to use every endeavour to check in yourselves any disposition you may have to fall in love with operations, always to consider them as the last resource of your art, and never to have recourse to them but under circumstances where no doubt exists in your own minds of the after welfare of the patient demanding such measures.

Nothing, however, can so effectually dissipate any fondness you may have for the performance of operations, as the acquisition of that comprehensive knowledge of medicine, the practical and judicious application of which will render such operations not only unnecessary, but highly improper.

While, therefore, I shall earnestly endeavour, in the following course of lectures, to make you familiar with the various operations, to explain the principles on which they are performed, and the best mode of executing them, your attention will be in an especial manner directed to the *treatment* which ought to be adopted, both *before* and *after* operations.

But whilst I am thus deprecating improper operations, you must not suppose that I consider them to be of little importance, or that I believe a competent knowledge of them, and a capability to perform, are to be very easily acquired.

No man who has ever performed an operation, and who has done it well, will tell you that it is to be done easily; and the surgeon who pretends that the performance of operations costs him little trouble, must either do them very indifferently, or, if he had taken more pains, would have done them much better. The most experienced and best surgeons have all declared, that however collected and com-

posed their minds may have been during the performance of an operation, yet they have always suffered more or less anxiety before it was commenced; and so various and multiplied are the circumstances connected with most surgical operations, that my observation of others, as well as my own personal experience, has taught me that no operation can be well done, unless the various steps of it have been matters of previous deliberate consideration. It is said of Cheselden, who was one of the best operators England ever produced, that he suffered great uneasiness and anxiety when he had an operation to perform, though he felt the most perfect tranquillity and self-command when the operation was commenced.

I have long made it a rule not to perform operations hastily, however trifling, having found, that if they be undertaken without previous arrangement and consideration, something awkward always occurs.

You ought also to guard against a too prevalent opinion, that many diseases are of a *trifling* nature, and do not merit the minute and diligent attention of a great surgeon, or of a learned physician. Such notions are highly reprehensible at all periods of life, but more particularly in youth. It is your duty to pay as much attention and bestow as much care in curing one disease as another; and whatever opinion *you* may entertain, you will find patients just as desirous of getting rid of a comparatively trifling ailment, as of a disease which, from its rarity, or from any other cause, you may consider particularly interesting. Besides, you will find that diseases considered by many of minor importance, will often afford, from their frequent occurrence, most interesting sources of contemplation. I can conceive nothing more mortifying, than for a medical man who assumes a high professional tone, to be called upon, from some accidental circumstance, to treat a complaint, the knowledge of which he had presumed to think beneath his attention. It is for the cure of less urgent cases, that *young* practitioners, especially, are usually called on to act; and it is in proportion as they acquit themselves well or ill on such occasions, that an opinion is formed of their professional character. Do not, therefore, allow yourselves to be led astray by what are too often called good cases and grand operations, but bestow an equal share of diligence in studying every disease that may fall under your notice. Consider every complaint worthy of your study, until you have made yourselves familiar with its nature and treatment.

The minute attention bestowed on diseases of an apparently unimportant character, by men who had risen to the highest point of professional fame, in early days, struck me as extraordinary. This was a characteristic trait in the conduct of the late Dr. Baillie, and I noticed the same thing in the late Mr. Cline, both beloved by their professional brethren, and the most eminent practitioners of our times. So long as you consider yourselves to be members of the medical profession, and offer yourselves to the public as practitioners, so long ought you to feel bound by every tie to execute whatever professional duty may be required at your hands. A man may reject such professional employment, as, in point of mere pecuniary remuneration, he may not choose to accept. But in all cases of human distress, where prompt assistance is required, and you alone happen to be present and capable of affording it, you would be highly culpable if you did not render every aid in your power. I have known more than one instance where medical men, who either could not or would not *bleed* a patient, have brought much discredit on their professional character; and a case occurred not long ago, wherein a lady who was suddenly taken in labour, sent for a physician residing in the vicinity, her accoucheur not being to be found; when the answer of the physician was, that "he was ignorant of such cases." So strong was the sensation created in the public mind by this open declaration of incompetency, that in order now to obtain a medical degree in the University of Edinburgh, the candidate must show his knowledge of *midwifery* as well as of the other branches of medicine.

The regiment to which Ambrose Paré, the celebrated French surgeon, was attached, having been engaged in a skirmish, a lieutenant got so desperately wounded, that the commanding officer absolutely proposed to dig a ditch and throw him into it, saying that they might as well do that, as leave him to the mercy of the enemy, the regiment being compelled to march immediately. But Paré, moved by pity, begged that the soldier might be allowed to go along with the baggage, saying that he might yet be saved, and that he was willing to dress him and to cure him. This was accordingly granted, and, says Paré, "I put him into a well-covered cart, and became at once his surgeon, his apothecary, his cook, and his nurse; thank God I did cure him in the end, to the admiration of all the troops; and out of the first booty, the men-at-arms gave me a crown a piece, and the archers half-a-crown each." So great, indeed, was the impression of Paré's

generosity and kindness, and such was the extraordinary influence that the surgeon had on the minds of the French troops, that his presence was sufficient to procure the confidence and devotion of the whole army, of which some remarkable examples are cited in history.

A similar instance of the happy influence of a benevolent and well-regulated mind lately came within my knowledge. One of our own countrymen, distinguished for his humanity, his professional knowledge, and his zeal, who was employed in a prominent situation with our armies during the last peninsular war, but who now practises as a physician in this city, some time ago received a reproof from one of his brethren, who told him, that the assistance he was then rendering a patient was not consistent with his dignity as a physician. To this he replied, that "he considered nothing beneath his *dignity as a physician* that could assist the sick, and that he had often got a little water and kindled a fire to make gruel for a sick soldier."

This attention to details, and what are called the lesser duties of life, we often indeed see performed the most cheerfully, by those whose elevated station in society would best entitle them to throw such duties on others. A bystander informed me, that he heard the Duke of Wellington inquiring of an officer about some minute details regarding the equipage of the troops, when the officer replied, "that he did not consider the knowledge of such things within his province."—"Not within your province!" exclaimed the Duke; "why, Sir, I know the number of nails in every soldier's shoe."

It has been supposed by some, that subdivisions in the practice of medicine were as advantageous to the public as the subdivisions in trades or manufactures. The man who would confine himself to one object of research in medicine, or to one handicraft occupation in it, would acquire a decided superiority over those who did not thus devote their exclusive attention to one object. But it is in medicine as in all other pursuits; the most distinguished in particular branches, are those who possess the greatest fund of general knowledge. If we look back into the records of medical science, and see who have most contributed to its advancement, we shall find that we owe almost every contribution to men of comprehensive learning and general knowledge; and in no case does it appear that those who have exclusively devoted their attention to the disease of a *particular organ*, have contributed to increase our knowledge of its pathology. If we look to the names of the HUNTERS and MONROS, to those of MORGAGNI, SCARPA, HALLER, RICHTER, BICHAT, PINEL, LAENNEC, &c., we find that their knowledge has been as comprehensive and general as their contributions to science have been numerous.

When we talk of an eminent statesman or of a celebrated general, we never suppose the eminence of the former to result from his knowledge of any particular part of political economy, or of the fame of the latter to arise from his eminence as an artillery or cavalry officer. We admit their superiority in all the branches of knowledge comprehended in their respective professions. The subdivisions, therefore, of medicine considered as a science, are not only unphilosophical, but prejudicial to its advancement.

We have now before us the example of civilized Europe, as well as of every seminary throughout these realms, to show us the propriety of considering a knowledge of the whole science to be necessary for the education of every medical student, and I hope ere long that the system of education in this metropolis will be extended, and that we shall wipe off the disgraceful imputation which has been so long cast upon us,—of there being a commercial or trading spirit pervading and regulating the system of education in all our medical institutions. Nothing was ever more true than Buonaparte's assertion that we are a nation of shopkeepers.

Besides attending lectures and studying the most esteemed works on the different subjects of your researches, I particularly recommend to your attention a third point,—the improvement of your *organs of sense*. To these we are indebted for our knowledge of all the external characters of disease. An inexperienced eye cannot distinguish the slighter shades of colour, which are so familiar to the painter, nor the untutored ear those trifling variations of sound which are so readily perceived by the skilful musician. Nor can the touch convey the impressions of the nicer differences of consistence and form, until it has been disciplined. There can be no stronger proof of this power of improvement in our senses than is observed in those who, from accident or disease, lose one sense. Deaf persons acquire great acuteness of sight, and the blind become very perfect in the senses of hearing and touch.

These improvements do not arise from any peculiar changes of organisation, but entirely depend on an increased exertion and closer attention. "The man," observes an enlightened writer, "who has acquired habits of attention multiplies as it were the number of his senses by en

larging the range of their activity, and by increasing their powers of discrimination."

The power of our external senses has been greatly increased in modern times by the assistance of art. The science of optics has extended the powers of vision, so that we can examine objects which are so small as to be perfectly imperceptible to the naked eye. We can perceive even the motions of the heavenly bodies.

There is also considerable acutencss in one or other of the senses of particular individuals, which enables them to exercise a quickness of perception, which other persons cannot acquire even after long-continued culture. Hence often arises an apparent discrepancy in the opinions of different persons on objects examined by the senses, and hence also the ridicule that some medical men in this country, either from the obtuseness of their own organs, or from a false pride in not stooping to acquire a new means of information, have attempted to throw on the *stethoscope*, an instrument devised for conveying to the ear those sounds which the heart and lungs communicate to the parietes of the chest, while exercising their respective motions.

The use of this instrument, in many forms of thoracic disease, conveys to the tutored ear information respecting the site and nature of the malady, as precise and important as can be derived in cases of calculus, from introducing a staff into the bladder.

This instrument, the stethoscope, the invention of Laennec, the greatest pathologist of our age, you ought all to possess, and acquire the habit of using. I have no hesitation in declaring, that since I began to examine the sounds of the chest by this method, and by percussion, I have learnt more of the diagnosis of thoracic diseases in a few months, than I had been able to acquire during many years of former application and inquiry.

We have already reaped, and we may still continue to reap, much important knowledge from our foreign brethren, and the great spirit of improvement which has been kindled amongst medical men, has no doubt arisen from the free intercourse now established amongst all the nations of civilized Europe.

The system in our schools, planned twenty or thirty years ago, does not accord with the present spirit of advancement, and, as was lately observed by a great statesman, "such is the ardour of the present age, and the strides made by the different nations for their respective improvement in the arts of polished life, that those who can't take a lead must at least follow." Any one who will patiently examine the strides which medical men in France and Germany have of late made, more particularly in the sciences of anatomy and pathology, and compare the number in either of those countries who are actively engaged in the prosecution of the various branches of medical science, with the number of men so employed in our own country, must admit that there is a decided pre-eminence among our continental neighbours—a fact readily explained, although not in a manner by any means agreeable to our feelings of nationality.

In those countries there are many situations held by medical men, such as professorships and offices in the hospitals, which afford sufficient means of subsistence, and are generally bestowed on men of proved and acknowledged talent, whose attention being but little occupied in private practice, they can devote a great part of their time to study, and thus maintain the most prominent positions in scientific pursuits. Whereas, in this metropolis, the capacity of a man is too often measured by the value of his private practice, and not by the extent of his information. If you inquire what any individual is doing here, and how he is succeeding, the answer you will receive will be a statement of the supposed amount of his professional income. But if a similar question be asked of an eminent man abroad, you will receive a very different answer; you will be told of any advancement he had been making in scientific pursuits. By nothing is the scientific foreigner more struck when he visits this metropolis, than the evidences of a *trading* spirit amongst the members of the medical profession.

Impressed with this view of the importance of cultivating the organs of sense, allow me, at the same time, strongly to recommend you, not to multiply unnecessarily the objects of your study, and whether you are learning from the works of authors, or from the book of nature itself, to be satisfied with having at one time a limited number of objects for your contemplation. How many there are who have enjoyed the most extensive opportunities for experience in their profession, but who, after the end of a long life, cannot boast of having made one single new observation; whilst many others, whose field has been more circumscribed, but more diligently cultivated, have materially promoted the various branches of practical learning.

It has been very aptly remarked by Richter, the late celebrated professor at Goettingen, and who was one of the most scientific surgeons of his day, "that it is not eating, but digesting, which gives

strength;" and that "the experienced practitioner is not formed by the number of beds in his hospital." There were only fifteen beds in the public hospital at Goettingen, and the works of Richter, to which I shall often have occasion to refer, will enable you to form an estimate of the extent of the observations which may be made in a field apparently so limited. In the different clinical schools of the most enlightened men, the number of beds has seldom exceeded twenty, and if you take into consideration the proper objects of a clinical institution, it must be evident to you all that to attend and diligently to make yourselves acquainted with every circumstance connected with the cases, ten or fifteen patients will afford a full store of materials for your daily reflection. Although the Council of the London College of Surgeons have enacted, that in order to become qualified for an examination in surgery, you must attend an hospital having *at least one hundred beds*, yet I strongly advise you to select only a very limited number of cases for your study.

We are disposed to place too high a value on what is called experience, and yet neglect to devote that degree of attention which leads to a habit of minute observation. If we have seen numerous examples of a particular disease, we are apt to think that we must have a much better knowledge of that disease than a person who has seen it but a few times. I am not unwilling to confess, that at many periods of my own life, and particularly of later years, I have been in the habit of seeing many more patients than were sufficient to become subjects of study; hence it has to me been a constant theme of regret, that, every day, objects, which might have been the source of interesting investigation and useful reflection, have been so quickly succeeded by others of equal importance, that my mind has not been able to dwell upon them, and receive that information which might have been derived, had they been fewer in number.

Medical men often, without perhaps intending it, deceive others as well as themselves when they speak of having seen an immense number of cases of some peculiar malady, so that whenever I hear an individual talking of the extraordinary extent of his practice, and the numerous instances he has witnessed of a particular disease, I am reduced to the dilemma of either suspecting the accuracy of his facts, or of doubting the propriety of his conclusions.

We are all liable to deceive ourselves when eagerly embarked in some favourite pursuit, and are inclined to shape everything so that it may coincide with our own settled and often prejudiced views. Thus we multiply the number, and distort the objects, presented for our consideration.

I may also observe, that some of the most eminent men in every profession have not only struggled under the most limited opportunities of acquiring knowledge, but their want of personal resources has been frequently most harassing. A knowledge of these facts may console you in difficulties, and excite many of you to exertion. Poverty is a most powerful stimulus to labour, and it therefore happens, that persons who are excited in early life, frequently acquire habits of industry and application, which others, in circumstances of greater affluence, never attain.

You should be aware that you are now at a period of life when the mind is in a peculiar manner fitted to profit by instruction, and that, to use the language of an enlightened poet, "the blossom of the mind soon fades." Do not, therefore, allow the present hours to pass away without making the best use of your talents and opportunities. Devote yourselves to your professional studies with zeal and enthusiasm.

Whatever may be the original differences in the capacities of men, it can never be denied, that much is to be done by the culture of the mind; and it is equally true that this cultivation can be employed with much more advantage in the early than in the later periods of life. It is with the mind as with the physical frame, the energy of the mental powers as well as the muscular is increased by exercise.

"The faculties of the soul," says Locke, "are improved and made useful to us just after the same manner as our bodies are. Would you have a man write, or paint, or dance well, or perform any other mechanical operation dexterously, and with ease, let him have ever so much vigour and activity, suppleness and address, yet nobody expects this from him, unless he has been used to it, and has employed time and pains in fashioning and forming his head and other parts of his body to those motions. Just so it is with the mind. Would you have a man reason well, you must use him to it betimes, exercise his mind in it, observing the connexion of ideas, and following them in train."

The seeds of future reputation are sown at a much earlier period of life than is usually supposed, and the latter years are occupied in digesting and arranging the previously collected knowledge. It is a most erroneous doctrine to inculcate into the minds of youth, that they must trust to age and experience for the acquirement of useful knowledge. The period of edu

cation is to be considered the most important in their lives. You must not rely too much on your talents, and flatter yourselves that you can be qualified to practise the profession for which you are now preparing, without a severe course of study. In no department of life do men ever rise to eminence, who have not undergone a long and diligent preparation; for whatever be the difference in the mental powers of individuals, it is the cultivation of the mind alone which elevates to distinction. John Hunter was as remarkable for his industry as for his talents, of which his museum alone forms a most extraordinary proof; and if you look around and contemplate the history of those men whose talents and acquirements you most esteem, you will invariably find that their superiority of knowledge has been the result of a proportionate quantity of labour and diligence. "Success," Baillie observes, "as well as character, depends on attention to education. It is an ill-founded notion, arising from deserved disappointment, to say that merit is neglected. It is sometimes joined with circumstances that may have a little influence in counteracting it,—as an unfortunate manner or temper; but generally it meets with its due reward. The world are not fools; every person of merit has the best chance of success; and who would be ambitious of the public approbation, if it had not the power of discriminating?"

> "All is the gift of industry;
> Whate'er exalts, embellishes,
> Or renders life delightful."—THOMSON.

However requisite it may be for all to be industrious, yet there are, doubtless, advantages which will befall those who are preparing themselves for a profession to which their talents, as well as their tastes, are peculiarly applicable. When pursued with zeal,—to such men the study of medicine affords unceasing excitement, and it may certainly be considered as the most delightful of professions, both from the nature and object of its pursuits. Embracing a knowledge of all the sciences, an inquiry into the physical nature of man, and holding out the noble object of alleviating human ills, medicine ought certainly to rank above all other professions.

During your progress through life, you will find much to seduce you from your more serious studies. You must never allow occupations of pleasure to interrupt your professional pursuits. The mind must have a certain quantity of relaxation, but you should be careful that hours of rest are not employed in dissipation. Be assured, that there is no source of gratification so substantial as that arising from the improvement of the mind. By far the most certain road to happiness and success, is the accumulation of knowledge. Bodily affliction and worldly misfortunes may blight other sources of enjoyment, but those derived from mental pursuits are not within the reach of ordinary circumstances; they are as boundless as is the extent of human knowledge, they present an inexhaustible store of food to an appetite never satiated; and while they improve our intellectual and moral nature, they leave a beautiful halo at the sunset of life, which cannot be derived from any other pursuit.

RHEUMATIC GOUT

CURED BY THE

"MINERAL MAGNET."

To the Editor of THE LANCET.

SIR,—I enclose you a case of rheumatic gout which was cured by the application of the mineral magnet; should you deem it worthy a place in your inestimable journal, you will much oblige yours, very respectfully,

E. S. BLUNDELL.

13, Orchard St., Portman Sq.,

The subject of this case, C. W.,* æt. 45, a journeyman printer, had enjoyed tolerably good health, until within the last four months, during which time he had been attacked with rheumatic gout so severely, as entirely to prevent his performing the ordinary duties of a printer. He had been several weeks under medical treatment without experiencing much relief.

His countenance was pale and anxious, skin cold and clammy, pulse 65 and small, tongue slimy and spongy; he experienced a numb pain in the head, slept but little, being prevented by the pain in his limbs, appetite bad, bowels and other functions natural. His frame was very much emaciated, and his general appearance indicated great constitutional debility, the result of long and severe suffering.

He complained of a scalding sensation in the articulations of the ancles, right knee, and left wrist, which were stiff and swollen, but not much inflamed. The tendons which pass over the insteps felt like tense chords. He experienced considerable pain in the feet and ancles when standing or walking, and he was three

* Charles Walker, Truscott's printing office, Blackfriars-road, nearly opposite the Magdalen.

hours in hobbling (to use his own expression) to my residence, a distance of two miles.

June 8. The pain and stiffness being more intense in the articulations of the right knee and ancle, I preferred operating on *them*, and commenced by passing the magnet six or eight times round the joints. The patient was immediately relieved. I requested him to rise from his seat and walk two or three times round the room, which he instantly did, and said that he had not been so easy and comfortable for some time. A few directions were given respecting a more generous diet, and the patient was desired to call again on the following day.

9. He states that he remained free from pain until the evening; passed a more tranquil night, and perspired copiously; he was again subjected to the magnetic treatment with the same favourable results.

10. The symptoms appear to be greatly mitigated; he has had a good night's rest; tongue cleaner, pulse stronger; his ancle is not so stiff, and less painful. I magnetized him, and he was again relieved.

12. Complains of pain in the left knee. In every other respect he is rapidly recovering. I subjected the knee to the same magnetic treatment, and he was instantly relieved.

14. Is in every respect better, the right ancle and knee have regained their natural size, and he walked to my house within the hour without the aid of his sticks. Again magnetized.

16. The pain and swelling of the left lower extremity nearly gone; health much improved, can walk with ease.

19. Doing well.

Returned to his work.

July 2. Has up to this date experienced no return of pain.

I have had two other precisely similar cases under the same treatment. They have been attended by equally favourable results. The great similarity, however, between the three cases, renders it unnecessary for me to give a report of more than one of them.

Professional Corruption. — The highest honours of physic are allotted not to superiority of merit, but to accident of education, and, consequently, collegiate rank is no measure of talents or acquirements. Let eminent station in the profession be the meed of superior merit only, and the highest places would then be filled by those best fitted to adorn them.—*Dr. Barlow of Bath.*

The Transactions of the Provincial Medical and Surgical Association. Vol. I. London: Sherwood. Worcester: Deighton. 1833. 8vo., pp. 442.

It is customary in this country to employ the word "Transactions" to denote collections of papers which have been read at the scientific societies, and for that purpose it is not a bad generic term; but we can hardly consider its application to essays, which have never been read, discussed, or adopted at all, by the Society in whose name they are published, in any other light than that of a misappropriation of language. Such papers become the *transactions* of a society only by passing through a form which the present collection has never undergone.

In discussing the contents of this volume, with a view to making our readers acquainted with its nature and value, we are more anxious to analyze than criticise. There are, however, a few remarks to be found in the work which afford so much ground for censure, that we ought not to pass them unheeded. We notice them with regret, for the Association has our most cordial approbation, and we receive its first volume with gratification.

The introductory paper consists of the address, which was delivered by Dr. Hastings, of Worcester, the laborious founder of the institution, at the first meeting of the Association. He therein congratulates the members on the formation of the society, and points out its useful purposes, and the fitness of the time for its foundation. No topics could be more suitable for such an address. In selecting illustrations for his views, however, Dr. Hastings has not in all instances been happy, but in one of them has evinced a remarkable perversion of judgment. As a reason for the establishment of a provincial medical association, he says,

"I am far from thinking lightly of the influence which provincial medical men have in society; but I also believe that, as a body, provincial medical practitioners do not hold the rank in the community to which they may attain, and to which it will at all times be the effect of our association to stimulate them to aspire."

In fact, the metropolitan surgeons and physicians, the *attaches* to the London hospitals, have contrived to attain a high

"rank in the community," at the expense of the professional reputation of the "provincials." To the former, and to the former alone, is owing the depressed rate of estimation in which the community are accustomed to hold country medical practitioners.

"To this end it is also of immense importance, that, as a profession, we should maintain a dignified attitude before the world; for if we turn our attention to the members of the medical profession themselves, *and observe the spirit of misrule and confusion with which some of them are actuated*, and the attempts that have been made and are making *in the metropolis, to bring about feelings of hostility between the cultivators of the different branches of medicine*, we cannot but feel that this is the time in which the friends of peace and harmony should declare themselves."

There can be no doubt that this passage is levelled against the efforts of the medical reformers of London, but that it is a short-sighted, most unjust, and most libellous reflection, we will afford Dr. Hastings himself reason to confess, by a quotation from another part of the same address. Contrast this blow, then, at the motives and objects of the medical reformers, with the following extract from that part of his essay in which he speaks of the claims that "medical ethics" have on the attention of the association:—

"It is admitted, on all hands, that the organization of the profession which obtains, *is not what it ought to be*; for the whole system of medical polity in this country, *is both defective and erroneous*. Opinions differ widely as to the evils and remedies, *but few are found to commend the existing state of things*. This subject is *closely connected with science*, for, if the profession were constituted *as it ought to be, and as reason and sound principles dictate*, the HARMONY that would be thus established among the several departments, *could not fail to prove a direct means of their co-operating more cordially and efficiently in extending the science and improving the practice*."

Some stronger feeling than regret must fill the mind of every one who peruses these opposing passages. The generally excellent intentions of the writer may fill us with admiration; but this sacrifice in the same essay to Mammon and to Truth stirs in us a warm indignation.

We turn with pleasure from such inconsistencies, which fully merit castigation at our hands, to the scientific papers of the volume. Four of these we have transferred entire to our pages. They will be found in No. 512, and afford good promise of the value of the contributions to medicine which are likely to emanate from our brethren in the country, through the efforts of the Association. We cannot believe that any great or important discoveries would lie concealed in the absence of such a means of communication, but we warmly coincide in the opinion of the founder, that the Association is calculated to stimulate the members to the publication of numerous interesting and valuable facts which would not otherwise see the light. A desire for the credit and reputation of the society, will often act as a spur to the members, and frequently cause to be realized amongst them the observation of the writer, who says, when urging the exertions of literary and scientific men, in one of those expressive passages which shine "bright through the rubbish of a hundred years,"—

"The most active or busy man that hath been, or can be, hath, no question, many vacant times of leisure, while he expecteth the times and returns of business; except he be tedious, and of no dispatch, or unworthily ambitious to meddle in things that may be better done by others; and then the question is, how those spaces and times of leisure shall be filled and spent, whether in pleasures or in studies."

OBJECTS AND MODES OF MEDICAL INVESTIGATION.

Dr. Barlow, of Bath, is the author of a paper thus entitled, and undertaken, with a view "to discuss the objects and "modes of investigation, by which patho-"logical truths can be best established, "and sound science most successfully cul-"tivated." The author earnestly points out the duty of relying on *facts* only, in medical investigations, and fears that too many false assertions are unconsciously put forth by medical writers. He first speaks of those which are made by examiners of dead bodies, of whose labours he thus writes:—

"No facts in medicine are relied on with more confidence than those which dissection displays. Yet the results of

necroscopic examination are fraught with fallacies, which it requires great familiarity with the aspects of natural and morbid structure, and intimate knowledge of the changes which take place in them, to detect and avoid. Organic lesions, when far advanced, are sufficiently obvious; but the changes induced by acute disease, and the vascular derangements consequent on inflammatory action, are oftentimes equivocal, and very liable to be confounded with appearances which, occurring after death, have no necessary connexion with the vital actions which preceded it. On this subject M. Andral's excellent treatise on pathological anatomy affords much valuable and precise information."

He then gives a brief epitome of Andral's views, and adds,—

"These statements, taken from Andral, suffice to show how much care is required in discriminating the changes produced by disease, from those to which mere physical or chemical influences give rise; and to suggest to those who undertake the examination of dead bodies, a due reserve in pronouncing determinately respecting the cause of death, or of the pre-existing disease, from the appearances which dissection displays. On this subject, much greater accuracy is needed than is generally evinced. For such examination, it is too often deemed sufficient for the operator to be expert in the use of the knife. This is a great error, no anatomical process requiring from the person performing it, such matured knowledge, so much familiar acquaintance with natural structure, and so much pathological information. As in chemistry the analysis of mineral waters is said to demand the largest portion of chemical skill on the part of the operator, so in anatomy is the examination of dead bodies, for the purpose of determining morbid lesions, an exercise of skill surpassing what any mere surgical operation can call forth."

To the following advice we especially and very necessarily call attention.

"In examining the brain, the practice of slicing should be for ever abandoned. As this rude and inartificial mode is utterly incapable of displaying the natural structure of the organ, so is it unfitted for demonstrating those lesions which disease induces. Considerable disease may exist, and yet wholly escape detection under the mode of examination generally practised. Whoever has seen Dr. Spurzheim demonstrate a diseased brain, must be sensible of the vast superiority of the mode which he pursues. The examination being, in the first instance, thus conducted, the substance of the cerebral mass may then be sliced, in order to ascertain the changes which its internal structure may have undergone."

Of the discrepancies which exist between nosological characters as set down in books and in actual disease, he observes,—

"So abundant are the curative means laid down in books, that the medical student, who has just escaped from the schools, confident in the resources of his art, conceives he has only to determine the disease in order to subdue it. A very little experience of actual disease, suffices to disabuse him of this notion. He soon finds that the nosological character of disease is seldom, if ever, realized in any individual case. However well marked this may be in its leading features, it is characterized by others, of which his nosology takes no count. Many instances, and of formidable disease, will he meet with, which cannot be referred to any nosological character; and, if he be ambitious of noting all his cases according to nosological arrangement, precision, in this respect, must be continually purchased at the expense of truth. I, at least, have long, and with oft renewed efforts, endeavoured to attain this enviable accuracy, but have never yet succeeded. The cause of this discordancy between nosological character and actual disease is easily discovered. The character is not drawn from any individual instance, but is derived from numbers, and, in this way, a perfect disease is supposed to be depicted. Of this each feature may no doubt be true to nature, yet the assemblages are very rarely found so combined; whence nosological character proves rather an ideal exemplar, than a true prototype."

A knowledge of those steps of the disease that have preceded the stage which the practitioner usually first witnesses, will, he observes, afford a remedy for the error. Inquiry of others, however (ever liable to fallacy), can alone elicit this information.

"Antecedently to the stage seen, there is always an interval of deranged function, marked by its appropriate phenomena, and capable of being ascertained by suitable examination. This antecedent stage is essential to a complete history of the disease, and an accurate knowledge of it is, perhaps, even more necessary than of any other, inasmuch as it best displays the morbid actions by which the specific disease is generated. Incipient disease has been too much overlooked. Its phenomena are as cognisable as any of the more advanced,

and a clear conception of the progressive changes by which a state of health passes into that of disease, furnishes the best assistance I know for comprehending the nature of the complex derangements of which every special disease is ultimately composed."

After some farther nosological cautions the Doctor proceeds to depict the characters of the point whence disease should always be measured,—that of *health*, particularly guarding against the delusive impressions often derived from a forcible or plethoric pulse and a florid countenance. He then makes some just remarks on the practising of physic as a trade, laments our want of knowledge as to the exact action of medicines on the different organs of the body, advocates the treatment of disease according to the special derangement which exists at the moment of administering medicine instead of in obedience to any name which may be attached by nosologists to the whole train of symptoms, and closes his paper with the following remarks on venesection and the urinary discharge.

"In many respects the effects of remedies should be more accurately noted than is generally deemed necessary. Many report the curative effects of bloodletting, without noticing the character of the blood drawn. This omission is hardly excusable. Even the ordinary account of blood being sizy, buffed, or cupped, is too meagre. Many other variations of condition exist, as must be well known to all who closely examine. In ascertaining the condition of the coagulum, simple inspection is not enough. Division of the mass with a scissors will best exhibit its real state, and will occasionally display what would not otherwise be suspected. In this way irregular masses of gluten will be sometimes found dipping into the subjacent cruor. The thickness and firmness of the buffy coat, too, can only be thus shown. Even the fact of buffiness may be thus ascertained, when it would otherwise be overlooked. It continually occurs, though the fact seems not to have been noticed, that a thin but firm buff, of a pink colour, presents, on slight inspection, an appearance as if no buff were formed. The shades of colour vary, yet are all such as to convey to those who are unaware of the fact, the impression of there being no buff. Yet, if the coagulum be cut through, the buff will be found well defined, and sufficiently firm to support, on a probe passed beneath it, the whole coagulum, the dark portion of this being of the usual loose texture.

"The condition of the urine, too, demands more careful notice than it generally receives. In dropsical affections it promises to throw much light on the pathological state, and to furnish useful guidance in the exhibition of remedies. Dr. Bright has ably traced a connexion between coagulable urine and certain organic derangements of the kidneys; and his remarks have been amply confirmed by other eminent practitioners. There is reason to believe that functional disturbance alone of the kidneys may produce albuminous urine. These cases are inflammatory; the albumen is much more abundant than in those noticed by Dr. Bright; it varies with the progress of the disease, and disappears as this retires. In the progress of treatment, too, it furnishes valuable guidance for the due administration of remedies, such as no other indications yield. * * *

"The state of the urine, when albuminous, supplies a test of much value. The albumen will gradually diminish, and, finally, disappear under the use of mercury; but a prolonged use of this is liable to reproduce the albumen. Here the urine furnishes the only test by which to judge. I have seen the urine cleared of albumen, the subsidence of dropsy keeping pace with its decline. Anxious to accelerate or to keep the ground gained, I have, in such cases, resorted again to mercury, but with the effect of the albumen returning. The mercury was withdrawn, the albumen again ceased to appear. That the guidance here afforded by the urine was most salutary, I have no doubt, and I know of no indication, save that supplied by the urine, that could have afforded it."

THEORY OF THE FRONTAL SINUS.

This is the heading of an article in which Dr. Milligan, of Dublin, conjectures that he has entirely upset the whole doctrines of phrenology with a single argument. We are rather surprised that the paper was allowed a place in the volume. It contains flashes of a temper which should have excluded it from association with the papers of gentlemen who hold widely different views. Dr. Barlow, the author of the preceding essay, is a zealous phrenologist. Yet no consideration as to the company in which Dr. Milligan was on the eve of appearing, hinders him from calling phrenology a "superstition," and

speaking of it with terms of high contempt, nor from designating the phrenologists, "a "sect with whom it is impossible to be "serious without becoming ridiculous." Dr. Milligan proves the truth of this latter assertion. He is at once very serious, and truly ridiculous. Was ever such nonsense penned, for instance, as is comprised in the following lines?—

"The elegant ideas of Blumenbach on the nisus formativus, and of Hunter on the diffused matter of life, brought reasonable men to see that the formation of all such parts (the projections on the surfaces of bones) is comprehended in the original design of the author of the animal microcosm, and for the evolution of which, certain springs or forces have been impressed from the beginning upon the embryotic mass, which act as truly in response to their time and object, as the compound forces which exhibit and preserve the harmonious movements of the heavenly bodies, and of the developments of which, in fine, the muscles are not the cause, but the humble, though frequently, the modifying instruments."

The next two papers, one on the diseases of children, by Dr. WALKER of Huddersfield, and the other on the reaction of the mind and body on each other, by Dr. MALDEN, of Worcester,—afford us nothing which can be profitably extracted. Indeed the latter is hardly a medical paper, but is devoted, in great measure, to a eulogy of "sound religious principles," and "diversified mental occupation," as means which are highly conducive to the preservation of health. Neither can we advantageously transfer to our columns any portion of Dr. JEFFREY'S cases of disease of the heart, written to demonstrate positions which are generally admitted by the profession.

DIAGNOSIS IN STRANGULATED HERNIA.

A paper next follows on the value of the different signs which distinguish the sac in strangulated hernia, and on the operation, by Mr. JAMES, of the Devon and Exeter Hospital. The author considers that information as to the mode of ascertaining, during the operation for hernia, whether it be sac or intestine which presents, is not so complete as the importance of the occasion demands. From his inquiry we select a few points which possess a claim to the title of novelty. After speaking of the fluid which frequently exists in the sac, "and which both serves to protect the intestine, and, by its escape, informs us that the sac has been penetrated," the author proceeds thus:—

"To ascertain whether we have the sac before us, and to divide it with greater safety, it is a good rule to pinch it up between the finger and thumb. If we can separate a fold from a subjacent part, the criterion is safe, but, if not, we may be pinching up intestine, and in such a case it is surely difficult to judge of the relative thickness of sac and intestine, especially as the latter may be the thin and distended colon, or the sac may be unusually thick. It is also material to understand that it may be sac before us, and yet it may be impossible to pinch it up, either on account of *adhesions*, or because, without them, it cannot be separated from the intestine in a tense state of parts, no fluid intervening; and these will be the most dangerous cases.

"Again, it is said if you are outside the sac, you will meet with cellular adhesions, more or less strong, between it and the surrounding parts; while, if you are within, you will be able to pass the probe or the finger easily. Now this, though frequently a true criterion, is not invariably so. On the one hand, adhesions of the intestine may prevent the finger or the probe from passing easily, although the sac *has* been opened; and on the other, it sometimes happens that the probe, or even the finger, may be freely passed outside the sac to the ring, and these are the very cases in which the fatal mistake is sometimes made, of dividing the ring without opening the hernial sac.

"While upon this point, I wish to remark that, although I am quite sure, the finger may often be passed outside the sac to the ring, yet the feel of the ring, especially in femoral hernia, will differ from that which is perceived when the finger is inside the sac; it does not appear to pass so completely within its cincture, arising from the attachments of the fascia propria around the ring; and, again, if the ring be divided, we have not, in any case, the same decisive sensation of being able to pass the finger into the abdominal cavity, as when the sac has been opened.

"There is another, I should say, very important source of information, although I am not aware of its ever having been adverted to as an indication of opening the sac. It is the possibility of *drawing down more of the intestine*. If we have opened the sac, I believe I may affirm, that it will rarely happen, that we cannot

draw down some further portion (a very good practice, too, on many accounts), while, if we have not, this will be manifestly impossible.

"Another point which has not been adverted to, is the very *size of the tumour*, which offers, as it appears to me, a highly important indication, for, if it be small intestine, it must, if exceeding the dimensions of an ordinary knuckle, present the appearance of a convolution, supposing the sac *has been opened*, or, if great intestine, it must exhibit its characteristic appearance of bands. If, therefore, the tumour, not being very small, neither presents a convolution indicative of the former, nor bands denoting the latter, we have much reason to conclude that the surface which presents is still sac."

Farther on, in enumerating the circumstances which would guide the judgment in concluding whether it is likely that the sac is in contact with intestine or not, Mr. James observes,—

"I should say that, if the tumour is very tense and elastic, it is not only pretty certain that it contains intestine, but that this is likely to be in close approximation with the sac. While if doughy and inelastic, especially if irregular altogether, or in part, it is commonly understood to contain omentum; or, if simply inelastic, that it contains a considerable portion of fluid. Still this fluid may not interpose at the part where we usually open the sac. With respect to this fluid, when it exists in considerable quantity, its presence may be deduced from a circumstance which no author has adverted to, as far as I am aware, excepting Sir C. Bell, in whose works I observe the circumstance is mentioned; and, to illustrate the point, I shall relate a case which lately occurred to me. When the fluid is in large quantity, a portion of the tumour can evidently be returned into the abdomen, gradually and without noise, (also without relief to the symptoms,) and it returns again as soon as the pressure is removed."

"*Case.*—Oct. 26th, 1832, at three p.m., I saw Mr. B., about 40 years of age, who had laboured under some of the symptoms of strangulated hernia since the 24th, when, from a sudden effort, a protrusion had taken place. A similar event had occurred some years before. At the groin the tumour was firm and tense, but in the scrotum, though it was large, it was neither tense nor painful. He had had four stools since the strangulation. Blood had been taken from the arm, and tobacco had been tried, but fruitlessly. As none of the symptoms were urgent, and from the evacuations the tumour appeared to be merely omentum, I thought it possible either that it might get quiet again, or might be reduced without the operation. A tobacco injection was again tried, without success. Some leeches were applied, and a purgative was given. On the 27th there had been three more stools, dark and bilious. There was a disposition to hiccough, but no vomiting. The pulse was getting frequent and sharp. The tumour larger, with considerable tenderness. There appearing to be little chance of reduction, and a prospect of serious inflammation occurring, I determined to operate. The contents were omentum and a large quantity of fluid. The patient recovered without a bad symptom.

"In this case, while attempting the taxis, I could clearly perceive that I returned a portion of the contents into the abdomen, gradually, and without noise, but that, as soon as I intermitted my pressure, they came down again. The quantity of fluid found in the scrotum, during the operation, explained this. A clear understanding of this circumstance would lead us to place no reliance upon this *apparently* favourable circumstance, but it would lead us to judge that there must be a considerable portion of fluid present."

COUNTRY HOUSES.

In a paper by Dr. Conolly, of Warwick, chiefly devoted to a consideration of the advantages which might be derived to the public health from the establishment of "county natural history societies"—a subject which the ex-professor states that he shall bring formally before the Association at the July meeting, we discover the following amongst other statements:—

"I find, however, that I have recorded some observations, which, if largely confirmed by other observers, would form the foundation of suggestions of some interest to the public. One or two of these I may take this opportunity of very briefly alluding to.

"The first which I shall mention, relates *to the choice of localities for country houses*. On looking back to the events of several years of country practice, I am disposed to think that, as regards single houses, and of the better class, the occurrence of fever is more common in those in elevated, than in those placed in low situations. It has certainly happened to me, in many instances, and in different years, to attend very severe cases of fever in country houses, possessing what would be ordinarily considered the most eligible site, by

the side of, or high upon a hill. In several of these instances, also, I have known the whole family successively attacked, and, in one instance, the families of two separate houses on the same hill, whilst in the valley beneath, and in a town situated at the foot of the hill, not a single case of fever was to be met with. I believe that in all or most of these cases, the elevated ground was of a damp character; but I know that in some of the cases the valleys were not drier. A fact of this kind, stated on the authority of one practitioner, is of no value: and it would, I conceive, be very interesting, and very useful to have it confuted or confirmed, and if confirmed, explained. It occurs to me that I have seen a similar observation respecting our fevers, in some part of Dr. Parry's writings, &c. * * * The fact has been attributed to the attraction of the rising fogs and vapours to the sides and ridges of the hills; and, certainly, whoever watches the apparently capricious movements of the heavy dew or fog in summer evenings, will perceive something in their course analogous to the equally fitful marching and halting of certain epidemics. Many of the country houses in England are surrounded with circumstances unfavourable to health."

VARIETY OF SPINA BIFIDA IN THE ADULT.

One of the most interesting and best-written papers in the volume, comprises the history of a case of spina bifida discovered in a lady thirty-eight years of age, situated on the upper and back part of the thigh, and treated, by operation, as a tumour containing fluid, but proving, soon after puncture, to include in its coverings a continuation of the dura-matral envelope. The operation innocently hastened death; an event which occurred in Lineteen days. The paper must occupy an important station amongst the records of this curious disease. The case occurred in the practice of the late Mr. Park of Liverpool, and is related by Mr. Dawson, his partner and successor, "on whom all Mr. Park's operative surgery for many years devolved." We shall make an abstract of the case for our own pages, transposing some of the facts from their position in the medical history of the case to that which they occupy in its natural history. The original paper is very long, but is most ably drawn up.

The patient, a lady of great clearness of head and soundness of understanding, had been told that a swelling of about the size of a filbert, had been noticed at the time of her birth, but that it was then considered to be of no importance. It grew with her growth, and had for many years previous to her thirty-eighth year been a source of inconvenience and suffering to her. Whenever its apex was struck or pressed, she felt an oppressive feeling at the top of her head, extending down the neck, as if a nail had been driven through both those regions. For a long period prior to the attempt at an operation, her sense of touch had been more or less imperfect, and she never (as Mr. Dawson also learned after her death) had in her life possessed the sense of smell. Whether the optic nerves were absent or disorganized, was not ascertained at the post-mortem examination. For many years before her death, she had been obliged to rest, when sitting, on the right thigh, to prevent pain in the tumour and at the top of her head, and was always compelled to take scrupulous care against the application of force to the swelling. When 35 or 36 years of age, she met with an accident which had an important effect on the tumour. Her foot slipped while walking, and she fell, the tumour striking the ground with great force. Instantly a most excruciating pain was felt in the occiput. She was then confined to her bed for ten days, and much depletion, and extreme cold to the head and nape of the neck were necessary, to abate the extreme heat, throbbing, and pain, in those parts. These measures were occasionally resorted to from that time,—injuries, however slight, to the tumour, always being succeeded by similar though diminished sufferings. It was remarkable that these attacks of pain came on, with few exceptions, every morning immediately after waking, and she was invariably so far relieved from them by eating her breakfast in bed, that, for the rest of the day, she could take even active exercise. All these facts, so demonstrable that the tumour was the result of hydro-cephalo-rachitis, were only communicated to Mr. Park and Mr. Dawson at intervals within the first three hours after commencing an operation for remov-

ing the tumour. The patient had designedly kept them back, important as they were, lest those gentlemen should decline it. The pain at the back of the head and down the neck was materially lessened on their occurrence by pressing her hands with great force on those regions. Within the last eighteen months the tumour had greatly increased in size, had at last attained the full size of a pomegranate, and ultimately determined her, at all hazards, to have it removed. Three weeks ago she retired into her bed-room in a moment of irritation, and forced a long needle into the tumour. This inflicted pain, but caused no evacuation of fluid.

The swelling lay over the site of the left sacro-ischiatic ligaments; it was somewhat conical, had a sound skin, was bound down by some fibres of the gluteus maximus, except at the apex, which was very thin and elastic, and was moveable only at its base, when the muscles of the hip were relaxed. On the 5th of October the patient was laid on the sofa, face downwards, for its removal. It then appeared to the operators to be made up of a fibro-cartilaginous substance, with a little fluid at its point, and unconnected with any source of hazard, though when touched by them an incomprehensible pain was complained of in the head. A fine lancet was passed into its apex, and twelve ounces of quite clear fluid gushed out. The walls of the sac collapsed deeply below the former external base of the tumour. These were then dragged up towards the wound in the skin, and an attempt was made to clear them out from their connexions, in order to effect the entire removal of a surface which seemed to secrete so much fluid, and to complete the object of the operation; but the firmness and number of the cellular adhesions rendered this impracticable. Mr. Dawson accordingly writes:—

"And now, with the hope of discovering from within, the connexions and bearings of the sac in relation to the subjacent structures, I passed a finger deep within its cavity, and, during this moment of exploration, our patient complained of an oppressive feeling within her head, extending down the neck, as if a nail were driven through both these regions, and which, she stated, was the same she had always felt, whenever the top of the tumour had been struck, or pressed on. But, to my dismay, I had already, during this exploration, brief as it was, discovered a narrow neck, extending, about three inches inwards, from the bottom of the sac, and passing, in a direct line, towards and terminating in, the side of the lowest portion of the sacrum, the outlet of which bone readily admitted the end of my little-finger. Mr. Park was exceedingly distressed when I announced to him my instant conviction, that this was neither more nor less than a variety of bifid spine. It was now but too manifest, that I had not only punctured, but even dragged at, the dura-matral envelope of the spinal marrow, which had been protruded through the space which is sometimes left at the point of junction of the sacrum with the os coccygis; and which process of the dura mater, owing to the gradual impulsion of the accumulating spino-cerebral fluid, had acquired the magnitude already described.

"The patient had been placed on a sofa, and she was under the necessity of remaining in her first posture for some time, for, on the slightest attempt being made to change her position, or even to raise her head, a gasping for breath was instantly brought on, accompanied with a distracting pain at the back part of the head, which extended down the back of the neck; to lessen the agony of which, she pressed both her hands, with all the force which she possessed, on these regions; this pressure afforded her ease and comfort." * * *

"It was quite evident that our patient had, for a long time, been labouring under a preternatural secretion, and its results, an accumulation of fluid within the investments of the spinal marrow, as well as within the ventricles of the brain; that these regions were in free and reciprocal communication; that, from the rapid increase which the tumour had more recently undergone, its already attenuated walls, especially at the apex, would, ere long, have given way by erosion, or have been ruptured by a blow; and, in either case, the sudden withdrawal of the long-accustomed compression of the contained fluid, on the brain and spinal marrow, would, in all probability, have been succeeded by a train of fatal symptoms. Whether this mode of reasoning was just or not, we subjoined it to our statement made to her relatives, touching the existing peril to our patient's life."

The progress of the case is then detailed with minuteness through the subsequent nineteen days. We shall confine our enu-

merations from the report, to the more striking pathological facts. Just after the operation, a brief neuralgic attack, spreading from behind the ear over the face, was experienced. The patient gasped constantly for fresh air, and stimulants were demanded to avert fainting. For an hour there was a copious flow of clear fluid from the wound; the pulse was quite healthy. Efforts to raise the head produced for three days violent throbbing and slight nausea, and on the third day, stiffness of the neck, and a degree of opisthotonos. Abundant fluid from the wound. No rigidity of the muscles of the jaw, nor want of voluntary power or feeling in the lower limbs. The urine on the fifth day increased, and was often voided, but immediately afterwards a "want of support" was felt in the region of the sacrum. Indeed, throughout, the emptiness of the bladder deprived her of a degree of support and comfort quite inexplicable to her. Relief of the bowels usually produced faintness, sickness, and pain within the head. At about the 7th day, the urine began to be expelled with difficulty, but there was less rigidity in the neck and retraction of the head, which was now moved without inconvenience. The drain from the wound also lessened, but the wound itself began to be hot and sore, from lying thereon for 24 hours. The bad symptoms then increased daily, and on the 14th day the following is the report:—

"A sleepless night in spite of 130 drops of laudanum, given in divided doses. But the frequent calls to pass urine, harassed her exceedingly; and, sometimes, the attempt to empty the bladder was a failure. The bowels have not been opened since yesterday morning. There is nausea, but no vomiting; the pulse is 130. Her hands are cold, and her countenance is collapsed. She is perpetually sighing deeply. The integuments around the wound are flaccid, and the faint odour peculiar to bone when exposed, is perceived in the discharge from the wound; the wound itself is beset with shreds of cellular membrane, in a sloughy state. At our evening visit we found the bladder full of urine, although a few hours before, more than half a pint had been voided at one time. She now consented to have the catheter introduced, and upwards of a quart of urine came away; great relief was thus afforded her. The head is again drawn backward, and more decidedly so than of late; there is also a threatening of the stiffness of the muscles of the neck again; it did not increase, however. The tongue trembles when it is exposed, it is not loaded, but it has an unhealthy appearance. The thirst is urgent; the skin is cool; pulse 130."

On the 16th and 19th days the narrator says,—

"The restlessness and anxiety are quite gone. She expresses herself in terms of cheerfulness, says that she is very comfortable, and free from pain everywhere. She has described to us, to-day, a remarkable circumstance. Upon our attempting gradually and quietly, to bring the head forward, and at the same time to depress the chin, (which may be effected without pain, when slowly managed,) she says that she hears a gurgling sound, as if fluid were flowing somewhere within her head. The attempt was repeatedly made by us, and was followed by this sensation. Her ex[illegible] words were, 'that it gave her a sen[illegible] like the pouring out of a fluid [illegible] bottle into a basin, and produc[illegible] of gurgling.' Her urine was a[illegible] off, which was loaded with b[illegible] several dark-coloured stools [illegible] sat up for two hours, and [illegible] better. The wound is still [illegible] there is something like pus i[illegible]

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merations from the report, to the more striking pathological facts. Just after the operation, a brief neuralgic attack, spreading from behind the ear over the face, was experienced. The patient gasped constantly for fresh air, and stimulants were demanded to avert fainting. For an hour there was a copious flow of clear fluid from the wound; the pulse was quite healthy. Efforts to raise the head produced for three days violent throbbing and slight nausea, and on the third day, stiffness of the neck, and a degree of opisthotonos. Abundant fluid from the wound. No rigidity of the muscles of the jaw, nor want of voluntary power or feeling in the lower limbs. The urine on the fifth day increased, and was often voided, but immediately afterwards a "want of support" was felt in the region of the sacrum. Indeed, throughout, the emptiness of the bladder deprived her of a degree of support and comfort quite inexplicable to her. Relief of the bowels usually produced faintness, sickness, and pain within the head. At about the 7th day, the urine began to be expelled with difficulty, but there was less rigidity in the neck and retraction of the head, which was now moved without inconvenience. The drain from the wound also lessened, but the wound itself began to be hot and sore, from lying thereon for 24 hours. The bad symptoms then increased daily, and on the 14th day the following is the report:—

"A sleepless night in spite of 130 drops of laudanum, given in divided doses. But the frequent calls to pass urine, harassed her exceedingly; and, sometimes, the attempt to empty the bladder was a failure. The bowels have not been opened since yesterday morning. There is nausea, but no vomiting; the pulse is 130. Her hands are cold, and her countenance is collapsed. She is perpetually sighing deeply. The integuments around the wound are flaccid, and the faint odour peculiar to bone when exposed, is perceived in the discharge from the wound; the wound itself is beset with shreds of cellular membrane, in a sloughy state. At our evening visit we found the bladder full of urine, although a few hours before, more than half a pint had been voided at one time. She now consented to have the catheter introduced, and upwards of a quart of urine came away; great relief was thus afforded her. The head is again drawn backward, and more decidedly so than of late; there is also a threatening of the stiffness of the muscles of the neck again; it did not increase, however. The tongue trembles when it is exposed, it is not loaded, but it has an unhealthy appearance. The thirst is urgent; the skin is cool; pulse 130."

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"19th day.—She has passed a very restless night; the bowels were emptied by means of an injection. A new feeling is now described in the head; there is no pain of a distinct character, but our patient has an impression as if the head were divided, or split in two. This has not disabled her from moving her head in any direction she chooses, nor from allowing others to do it, provided the movement be slow and gentle. The perception of fluctuation within the head is quite gone. Her mind is clear and strong. There has been more decided pain along the sacrum to-day. Throughout the afternoon of this day she was feverish; had been four times smartly purged, and then fell asleep; and, at five o'clock, was awaked with a profuse bleeding from the nose. At eight o'clock Dr. Rutter saw her, when he ascertained that more than twelve ounces of blood had been lost. Dr. Rutter plugged the nostrils himself, and further loss of blood was thus prevented. This attack greatly exhausted her; indeed she never recovered from it. * * * The pulse became more and more indistinct, until a quarter before eleven o'clock, at which time she was seized with a general convulsion, and at eleven she quietly expired."

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Several minute perforations in the walls of the sheath, and two gangrenous patches three inches apart, one at the eighth lumbar vertebra, the size of a shilling, the lower one implicating the entire cylinder. The immediate covering of the substance of the chord was unusually firm, although changed in colour. When slit open, the component parts of the chord immediately rolled out, in the form of small, flat, detached flakes, not unlike the compressed curd of milk, but less white. The bundles of nerves which emerged at these points were of a deep purple tinge; their anterior roots distinctly fibrous: the ganglionic structure, forming their posterior roots, crumbled in the fingers.

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the child getting quite well, and since becoming a strong young woman.

MELANOSIS.

A case of melanosis, related by Dr. D. Williams, of Liverpool, next occupies a portion of the volume. It occurred in a coal miner, and possesses so many points of interest, that the want of a post-mortem examination of the body, almost deprives the narrative of all value. No persuasion, however, could induce the relatives of the unfortunate man to allow the *inspectio cadaveris*. The chief peculiarities of the case were these:—The disease appeared to occur in the absence of any efficient cause. The man was, at its irruption, most healthy and athletic, and was the inheritor of no disease. Nearly four years elapsed from the first external occurrence of melanosis, to the fatal termination of the case. He was treated in the course of that time by all kinds of practitioners, suffering rather than mending from the remedies of some of them. The affection appeared in the form of flattish and globular tubercles, which increased in number until they covered every part of the surface of the body, save the penis and scrotum; and a fortnight before his death, the interstices of skin between the tubercles became nearly black. Of one form of the tubercles, Dr. Williams says, that he is not aware that melanose matter has in any other instance been observed in similar "flattish segregated masses" on the surface of the skin. They were hard and consistent, but whether encysted or not, he was unable to ascertain. "None of them ever softened, although *ramollissement* seemed to be the natural termination of the globular tubercles." The appearance of the former induced him to give his opinion in favour of the theory, that melanosis is a morbid secretion, accidentally deposited, and moulded to the form of the nidus (in this case the rete mucosum, or between it and the cutis) in which it is lodged. The globular tubercles seemed to have their origin in the cutis itself, or in the cellular texture attached to its under surface. The whole case affords an example of the development and co-existence of melanosis on the surface of the body in four distinct forms—fungiform tumours, (in which form the first excrescences appeared,) globular tubercles, sensibly raised and flattish tubercles, and general infiltration of the skin. It was a long time after the disease had become pretty general before the stamina of the man was affected by it. Some sensible reflections are appended to the narrative of the case.

With this our notice of the cases and papers must for the present close.

We briefly announced last week, that the annual meeting of the Association is to be held on the 19th inst., at Bristol, Dr. Carrick of Clifton in the chair. We take this opportunity of repeating the notice. The occasion will be an excellent one for an excursion across the country—both pleasurable and professional. The meeting will, without doubt, prove a highly interesting assemblage, and we hope it will be well attended. We shall also take this opportunity of pointing out to the members a few errors in the regulations of the Association, which ought to be amended at the ensuing meeting. In the prospectus of the Society which forms the preface to the volume before us, it is stated, for instance, under the head of "President," that "the office shall be conferred on some *senior* physician, or surgeon of *eminence*, resident in *any* of the *provincial* towns comprised in the circle of the Association." Who is to define the meaning of the word "eminence?" and why are physicians or surgeons, who are not absolutely "seniors," to be excluded from the office? According to this rule, if the senior medical man in a given town be not eminent (a most suspicious phrase), no selection whatever can be made from that town, however abundant in talent it may be. Again, Professor Trail, a member of the Association, is directly excluded from the presidency by this rule, for he resides in Edinburgh; yet he is a member of the Council. We put in *italics* the word "any," from the contrast which it affords to the word "principal" in the following regulation:—"The Council shall consist "of members selected from the *principal* provincial towns." Thus a president may be chosen from a town which is not allowed to return a member to the Council, and no member of the Association, however com-

petent for the office, can be elected on the Council, if he do not reside in a town which contains many thousand inhabitants. We are sorry to see these unnecessary and injurious shackles placed on a free choice of officers. They are a reflection on the good sense and judgment of the members, and ought to be removed. The choice may, we are sure, be disencumbered of all such limitations, with honour and safety to the Association.

ANALYSIS OF

VELPEAU'S NEW ELEMENTS

OF

OPERATIVE MEDICINE.

In No. 512, p. 389, we gave a general view of the frame-work and character of these important volumes, and added, as a specimen of the mode in which the literary and historical departments were treated, an analysis of the excellent article on the destruction of calculi without a cutting operation. In the subsequent articles, it is our intention to give ample extracts from the strictly practical part of the work, so as to present our readers with an excellent guide in the most important of their surgical manipulations, whether on the living or the dead subject. In doing so, we shall follow M. Velpeau's order, commencing with what he terms the "*elementary*" operations.

In operative medicine, we have throughout, incision, dilatation, extraction, and reunion, whether separately performed, or associated in different degrees. Incision and reunion (dieresis and synthesis) taking place, however, in almost every operation, these processes require to be first considered.

ON SURGICAL DIVISIONS.—INSTRUMENTS.

The bistoury and scissars constitute the chief instruments used in these important processes. The position of the bistoury itself is a point to which French surgeons attach great and merited importance, and which they consider to be susceptible of six modifications.

In the *first* the instrument is held like a knife, the cutting edge downwards, the handle in the palm of the hand, supported by the little and ring fingers, embraced by the thumb and middle-finger at the junction of the handle and blade, while the index-finger leans on its back. This is the favourite position with the French operators in a great majority of cases.

In the *second* the preceding position is reversed, and the edge of the bistoury directed *upwards*. This is the position in which M. Roux, and many other surgeons, operate for fistulæ of the rectum, as will be subsequently seen.

In the *third*, the bistoury is held *like a writing pen*, the handle grasped as in the first, while the ring and little finger search for a fitting support on the parts adjacent to that to be divided.

In the *fourth* the hand first assumes the position described as the third, and then the fingers are flexed, so as to direct the point towards the wrist, and the cutting edge to the palm of the hand.

In the *fifth* the bistoury is still held as a pen, but the cutting edge directed *upwards*.

Lastly, in the *sixth*, the instrument is held within the hand as in the first, but solely supported by the tips of the fingers applied to the back of the blade, and the thumb to the anterior part of the blade and handle. The bistoury is on a horizontal plane. This position admits of three modifications; in one the cutting edge is induced downwards, in the second upwards, in the third the cutting edge is changed either from the right to the left aspect, or *vice versâ*.

Regarding the scissars, M. Velpeau advises that their rings should be supported by the thumb and little-finger, instead of the middle-finger, which, with the index, he reserves for augmenting the force or precision of movement of the blades.

Different sorts of Incisions.

Incisions are either simple, which may be both rectilinear and curved, but terminated with one stroke of the bistoury; or complex, the varieties of which are now practically reduced to the elliptic, oral, crescentic, cruciform, and those shaped like the letters V, T, or L.

The *direction* of the simple incision should, generally speaking, be parallel, 1st, with the greatest diameter of the part;

2nd, with the direction of the arteries, great veins, or principal nerves; 3rd, with that of the muscular fibres and masses or tendons; 4th, with the natural folds of the integuments; or, 5th, with the great axis of the tumour. A very moderate stock of anatomical knowledge suffices to guide us in the application of these rules.

But a point of the utmost importance is the tension of the skin to be incised. This, in the case of the simple incision, is effected in various manners: 1st, by the application of the cubital edge of the left hand, the thumb acting in an opposite direction; 2nd, by grasping the part from beneath with the whole hand; 3rd, with the extremities of four fingers placed on the same line and in the same direction the bistoury has to traverse; 4th, by lifting up a fold of the integuments; 5th, by having the parts extended by assistants, the operator's hands being both free; 6th, by the operator drawing the skin to one side, while an assistant draws it in a contrary direction. The first of these methods is that usually employed by French operators, and is that we have seen inculcated by M. Manec, in his excellent course of operative surgery.

For the performance of the simple incision, in almost all its varieties, the Parisian surgeons prefer a straight bistoury, because it divides the integuments neatly, and leaves no "tails," or half-cut parts, at each end of the incision, as the convex-edged bistoury almost invariably does. In inserting the instrument, according to the importance of the subjacent parts the pressure of the hand is regulated; and, if necessary, as in the fold of the arm, the radial and ulnar arterial lines, &c., the index-finger is applied close to the blade, and within two or four lines of its point.

These are the most important points in the consideration of the simple incision. On the modifications of position required in cutting from within outwards, and *vice versâ*, from right to left and left to right, &c., it is unnecessary to dwell for a moment.

The *complex incisions* are, as we before said, nothing more than a combination of the simple. To commence with the V incision:—Its apex, generally speaking, should be its lowest part, and the cut should commence at the base,—a precaution which greatly facilitates the proceeding, diminishes pain, and avoids the production of "tails." The incision made, the operator seizes the apex of the flap between the thumb and index-finger, or if this be impracticable, with a pair of blunt forceps, and dissects with rapid strokes from the apex to the base, separating with the flap as thick a layer of cellular substance as he can remove from the subjacent parts.

The cruciform incision consists of one simple incision, apparently merely crossed by another; but instead of drawing the bistoury at one stroke to the full extent of the traversing line, it is better to make a second incision, terminating in the wound already made, thus (*Fig.* 1): and then a third, corresponding with the second, commencing in the entire skin and ending in the wound. (*Fig.* 2.)

Fig. 1.

Fig. 2.

The T incision is the same as the preceding in point of manipulation, but is completed in two cuts. Another mode of making the second and third cuts in these incisions is by introducing the bistoury flat, either alone or with a conductor beneath the skin, and then cutting from below upwards. Many prefer this method in a multitude of cases.

The elliptic incision, almost indispensable in the extraction of subcutaneous tumours, is formed of the reunion of two curved incisions with opposite concavities. The lower incision is made first, an assistant lifting up the tumour, and the operator drawing down the integuments. In the upper incision, on the contrary, the surgeon draws down the tumour, and the assistant lifts the integuments, both in a longitudinal and a transverse direction. It must not be forgotten, that a very slight curvature suffices for the upper incision; for although nearly straight, immediately after the traction is discontinued it becomes considerably curved, from the natural resiliency of the parts.

The crescentic incision has been but lately proposed, but seems deserving of attention, as offering more facilities and ultimate advantages than the elliptic.

consists of two curved incisions, the convexity of the lower turning towards the concavity of the upper, and the extremities of both being joined. A larger quantity of skin is thus left, the wound is more easily healed, and the cicatrix is less inconveniently disposed. M. Velpeau here offers an important general remark, namely, that whenever the residual skin seems too scanty to cover the denuded parts, dissecting it up for some lines or inches from its cellular connexions, wonderfully facilitates its elongation, permits the covering of wounds of immense extent, and in itself induces no bad effects of sufficient importance to be compared with those of a naked wound in numerous cases.

As to the L incision, it is unnecessarily employed by some surgeons in the ligature of the carotid and subclavian arteries, and is essential, we may add, in the resection of the carpal ends of the radius or ulna. We shall describe it when treating of those operations.

Lastly, there is a variety of complex incision, which has been employed by MM. Roux, Delpech, and Clot-Bey, in the extirpation of some very large tumours. It is composed of several Vs, with continuous bases, and leaving a star of integument insulated in the centre. This proceeding presents many advantages, and greatly facilitates reunion after these remarkable separations of parts. To M. Velpeau's observations on this incision, we may venture to append the following general rule for its performance, and which we have repeatedly found to answer perfectly on the dead subject. We are induced to offer the rule to our readers from a conviction that without some such assistance, the incision is very difficult to be performed.

Draw, in the first place, an imaginary circle round the circumference of the part to be operated on, and let this line constitute the common base of the several flaps. (*Fig.* 3.) Divide the circle then with two imaginary bisecting diameters, as in the dotted lines. From the peripheral extremities of each radius then draw lines converging towards each other, as in the diagram, and you have thus a series of flaps with a continuous base, free from notches or gaps, and certain to meet at the apices in right and equal lines.

(*Fig.* 3.)

ON SURGICAL PUNCTURES.

Such are the chief points we deem it appropriate to notice in the chapter on incisions. A section on punctures follows, in which the author succinctly enumerates the straight, round, and eyed needles; the needle with a cutting point for exploring tumours, with cutting and concave edges for sutures, the acupuncture needle, and the various species of trochars.

In acupuncture, we insert a needle which traverses without destroying the continuity of fibre in the penetrated tissues. The instrument should have the form of a regular cone, and is pressed gently and with a rotatory movement against the extended skin. Thus introduced it forces apart without dividing, and may enter the largest arteries, and even the heart, without inducing hemorrhage, or leaving any trace of its passage.

For the exploration of tumours, the sharpened end of the needle should be the largest, thus reversing the acupuncture indication, and allowing a few drops of the fluid contained in a tumour of unknown character, to escape along its traject and elucidate the diagnosis, while it at the same time indicates the depth of the collection of liquid. Even aneurisms may thus be examined with perfect safety.

Puncture with the trochar differs from that with needles and bistouries, on account of the canula peculiar to the former. The instrument too, requiring force in its introduction in some instances, must be grasped with the palm of the hand, the thumb and medius finger holding it near the root, and the index applied near the point to regulate the depth of the puncture. The retraction of the stylet from the canula needs no peculiar description.

ON SUTURES.

In the second chapter, M. Velpeau treats of *re-union* surgically considered. This is effected by position, bandage, plaster, and especially by the *suture*, to which alone attention is here required.

Of all the *sutures* hitherto devised, six alone deserve to be retained; viz. the *interrupted*, the *Glover's*, the *zig-zag*, the *loop*, the *twisted*, and the *quilled*.

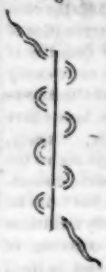
1. The *interrupted* suture is performed by means of separate threads of variable thickness, and with curved needles of equal thickness from the heel to within a few lines of the point. Straight needles are now abandoned, with justice. One edge of

the wound should, under ordinary circumstances, be pierced from without inwards; the opposite from within outwards; because when thus performed, the operation is quicker and more free from pain, the skin is less stretched and irritated, and the surgeon is not obliged to change sides in its execution. The suture should be commenced with the right or superior lip of the wound. The thumb of the left hand is to be applied to its internal. The index, in a state of pronation, to its utter surface. The lip is then lifted upwards and a little outwards. The needle, held like a pen, in the right-hand, the thumb in its concavity, the index, medius, and, occasionally the ring finger, on its convexity, transforms it into a lever of the third order. The point is introduced into the skin three or four lines from the cut edge. A circular movement is then made, and the point urged into the wound to the suitable depth, and its issue guided by the thumb. The extraction of the needle requires no description, neither does its passage through the second lip of the wound, from within outwards. When concluded, the wound is wiped, the ligatures are tied, and some surgeons place a pledget between them and the skin, a practice which M. Velpeau condemns. The threads are usually withdrawn on the third, fourth, or even the fifth day, the loop being divided with a pair of scissars, the knot extracted by the right-hand, and the lips of the wound supported by the fingers of the left.

2. The loop suture, devised by Le Dran for enteroraphy, consists merely of the *interrupted* suture, with this modification, that the ends are not cut off, but all twisted together. This suture, however, twists and plaits the parts so much, that its use is limited to cases where one thread or suture is all that has been applied, or where the threads are introduced at such distances, that each suture can be twisted separately,

3. The *continued* suture, *Glover's* suture, suture de Pelletier, &c., is universally understood. It is most readily performed with a straight needle, and instead of piercing the lips of the wound separately, the surgeon endeavours to penetrate both at once; the thread is then crossed over obliquely to the opposite side, ascending for four or five lines, and the same is repeated as often as required. When well done, this suture leaves the lips of the wound perfectly in contact, and free from wrinkles. It is fastened by introducing each end into the adjoining loop of the spiral coils, formed by the aggregate of the suture.

Fig. 4.



4. Suture *en fauld.*—This, instead of passing like the former in a spiral direction, forms a number of zig-zag intervals. The annexed woodcut (*Fig.* 4) renders it more intelligible than any description. It has some advantages, but corresponding defects; and though sanctioned by Beclard, is rarely used by other surgeons.

5. The *twisted* suture is one of the most useful in practical surgery. It consists of threads, cords, &c., twisted in different directions round metallic wires left in the wound to be united. Its mode of application in hare-lip being subsequently to be noticed in detail, we limit our observations here to its use in cutaneous wounds. The needles being introduced to the number required, the centre of a long ligature is applied to the superior one, and the ends are then crossed on both repeatedly, like the figure 8. They are then brought, like a × over the ends of the next needle, crossed in the same manner on its head and point, so on to the third, fourth, &c., and, lastly, are returned as a × to the third, second, and first. It is fastened by a knot, or its ends are twisted, and secured beneath the needles. To prevent these from injuring the integuments, a fold of lint or charpie is placed between the needles and the skin.

In removing these needles, the one is first separated which bears least strain, or has least to support. The cords which, have become agglutinated to the skin, should be left for some days, as a support after the removal of the needles. Due support should be given to the wound, by the surgeon's fingers, during their gradual extraction.

6. The *quilled suture* is the last to be described. It is a powerful and excellent mode of coaptation, and certainly does not deserve the neglect it has experienced among modern surgeons. The pressure it exercises is perfectly uniform; it does not tear the parts, it causes no strangulation, and is especially applicable to long and deep wounds of the parietes of the abdomen and the limbs.

Its mode of application is simple. A doubled thread is introduced from side to side, as in the interrupted suture; and when the necessary number of points has been placed, a small cylinder of wood, metal, bougie, &c., is introduced into the loops, and drawn close to the lip of the wound, and the opposite ends of the ligature are then looped round another cylinder at the other side.

THE LANCET.

London, Saturday, July 6, 1833.

THE Provisional Senate of the LONDON COLLEGE OF MEDICINE have acted at the present crisis in medical affairs, precisely as might have been expected of a body governing an institution which owes its existence to the recognition of just and liberal principles. Anxious that the field of medical science should be freely opened to all inquirers; desirous of beholding the destruction of the disgraceful monopolies upheld by charters which were obtained in the blackest days of ignorance and superstition, the Provisional Senate have come forward at this trying conjuncture, in order to assist in removing those trammels which encumber and disgrace so many hundreds of the legally-qualified members of our profession.

In consequence of an appointment made with the UNDER SECRETARY of STATE, a deputation of five members of the Provisional Senate waited on Mr. LAMB, at the Treasury Chambers, at the end of last week. The visitors of the UNDER SECRETARY on this occasion had been instructed by their colleagues to apply their remarks on the Amendment Bill, chiefly to three subjects;—First, recommending that the clause which was to emancipate the Members of the Edinburgh and Dublin Colleges of Surgeons, and the Faculty of Physicians and Surgeons of Glasgow, from the galling fetters of the Worshipful Company, should be framed to extend to the Members of the London College of Surgeons; Secondly, to ask for information on the subject of the clause relating to Apprentices; Thirdly, to entreat that the retail dispensers of Physicians' prescriptions—in other words, that Chemists and Druggists who undertake the dispensing business of an Apothecary—should be placed under the control of the Worshipful Company, and not be allowed to carry on so important an occupation without first proving their fitness for its management. The Members of the Deputation were instructed, generally, to express their decided approval of the relief which it is proposed in the Amendment Bill to afford to the Scotch Diplomatists, to the Members of the Irish and Scotch Colleges of Surgeons, and to the Surgeons of the Army and Navy, and those employed in the service of the East India Company. They were also desired to show the impropriety of allowing the law to be partial instead of general, and to point out the justice of allowing an individual who is acknowledged to be qualified by one College, to practise his profession to exercise that profession in *any* part of Great Britain and Ireland.

With regard to the first point, viz. the privileges to be conceded to the Members of the London College of Surgeons, nothing could be more satisfactory than the declaration of Mr. LAMB. That honourable gentleman unhesitatingly observed, that the restriction of the privileges of the Bill to the Members of the Irish and Scotch Colleges was a "mistake," as it was decidedly intended that a like advantage should be conferred on the Members of the College of Surgeons of London.

Concerning the clause which relates to apprentices, the honourable SECRETARY was not quite so explicit, although it was understood that the arrangement in this respect would be founded on a just and liberal basis. Mr. LAMB said he did not see at present how chemists and druggists could be brought under the intended measure; that many persons were desirous that a general inquiry should be instituted into the state of medical affairs; but it was too large a subject to be investigated in the present session with reference to the passing of the Bill then under the consideration of the House.

The deputation, in expressing their earnest wish that such an investigation should be instituted, qualified their approval of such an inquiry by saying that they should deem it unfortunate if the proposed examination into medical affairs generally, were in any respect to interfere with the immediate enactment of the Amendment Bill, as the tyranny of the Worshipful Company over the qualified members of the profession had become intolerable—medical practitioners having observed with deep indignation, that while the most illiberal persecutions had been instituted against the Scottish graduates, the members of the chartered colleges, and surgeons who had belonged to the army and navy—*unqualified* practitioners, common imposters, the unprincipled quacks of the day, were permitted by the Company to carry on their infamous traffic, and cheat and destroy the community with impunity.

Mr. LAMB here observed, "that he did "not know how the Apothecaries Com-"pany contrived to get such an Act at "all," and, continued the hon. Gentleman, "I don't know what you were about "to allow them to obtain such a measure." Whereupon the UNDER-SECRETARY was reminded that the Act was obtained *eighteen years ago*, at a period when the oldest members of the deputation present had not finished their studies at the schools. "Well, then," rejoined Mr. LAMB, "there was gross negligence somewhere,"—an opinion in which all the visitors heartily concurred. Mr. LAMB not having about him, at that moment, one of the Bills as amended in committee, the deputation departed with a promise, that he would see one of them again to hear any objections that might be offered against those amendments which had been introduced at the suggestion of one of the Council of the College of Surgeons.

While we cannot but admire the conduct of the Provisional Senate of the LONDON COLLEGE OF MEDICINE on this occasion, are not we called on to condemn, in terms of the bitterest reproach, the scandalous supineness of the members of the Colleges of Surgeons and Physicians, as bodies possessing chartered rights,—as institutions incorporated with a view to the cultivation of the science of medicine, in order that they may become the conservators of the public health?

It will be replied, probably, that these establishments have not been wholly inactive. But *how* active? When and where are they moving? In holes and corners; in the dark. The President, Censors, and Fellows of the College of Physicians consult not openly with the Licentiates of that College; and the Council of the College of Surgeons think no more of appealing to the thousands of members belonging to that institution,—the thousands of members to whom the funds of that institution belong legally,—than though they were so many Russian serfs, or as worms that were created merely to be trodden under foot. The conduct of all the medical monopolists is atrocious, and must be reprobated by every liberal-minded man in the profession. The requisition to the Council of the College of Surgeons, calling on that body to convene a public meeting of the members, we understand, is to be presented in the course of a few days. Thus the Commonalty will be informed whether they are to be permitted to discuss, with the Council of the institution, the projected alterations in medical law—a subject in which they are so deeply interested; or whether the Council will act so despotically, illegally, and unjustly, as to withhold from the members the right of assembling in their own College, to take into consideration those changes in the law which must affect, in a most peculiar manner, the few rights which they already enjoy, and which may terminate in the denial of privileges of which they

should never have been in possession. But should the Council, in their wisdom, refuse to convene a meeting of the members of the College, they will only act as heretofore, in offering insult and indignity to those individuals whose funds they control, and whose chartered rights they have sworn to maintain.

The officers of the "General Dispensary" in Aldersgate-street have forwarded to us a copy of a circular which they have addressed to the governors of that institution, and from which we extract the following paragraph:—

"At a late general quarterly meeting of the governors of the Dispensary, held on the 12th of June last, a report of a sub-committee, previously appointed to revise the rules and regulations of the institution, was submitted for consideration and approval, in which it was proposed, that in the 23rd rule, which at present stands thus, 'that no person can vote at any election, who has not been a governor for six months previous to the day of election,' the following alteration should take place, viz. that the words 'six months' be omitted, and that the words 'three days' be substituted."

In consequence of the adoption of this resolution by the sub-committee, the medical officers have, in the above-mentioned circular, requested the personal attendance of the governors "at a special general "meeting, to be held at the Dispensary, "on Wednesday next, the 10th instant, at "12 o'clock precisely, for the purpose of "either confirming, or annulling, the pro-"position for altering the law, as above "described."

So much zeal and apparent liberality in a good cause, is entitled to our admiration. But, in casting our eye over the six names which are subscribed to the circular, one is led to inquire how, in the name of all that is wonderful, a majority of these self-same gentlemen happened to be elected physicians and surgeons to an important institution. Was fame the cause of their success? No. Were discoveries in medicine? No. Great skill exhibited in the performance of medical duties? No. What then? We cannot answer, except for one of them; but we have it on the authority of that one, that *he* succeeded by the following means:—On this individual being asked how he could even *hope* to obtain the office, knowing that he had no professional merit to appeal to, and that he was wholly unknown to the governors,—said he, with the peculiar snivel of a thorough-going intriguer,—"Eh, eh; I got all my friends to subscribe. "Guinea a-piece makes a governor you "know. Eh, eh; I go 'mongst tradesmen "you know. Call upon 'em 'most every "day, talk to 'em about their charity, and "what good institution 'tis. Eh, eh; I "got introduced to Mr. Treasurer. I "go and play cards with Mr. and Mrs. "Treasurer, drink the *old boy's* wine; "and then get him into my place, and "make him drink *mine*, and sew him up. "Eh, eh; that pleases the old chap you "know. That's a great thing. Brings "great interest you know. That's the "way to get it. Canvassing, canvassing's "the thing to get it!" Yes, he did get it, and his patients have got it, we suspect. But more of *this* medical officer at another period. Such a man is well entitled to call upon the governors to adopt a more pure system of election! The subscribers of the charity need not interfere, for we assure them that it would fatigue their brains to devise any system which could deteriorate the one they already have. In Drs. Birkbeck and Clutterbuck they have two able and experienced officers, whose advice to the governors of the institution is, doubtless, offered in a spirit of general philanthropy and a love of science; but the proposition for preferring the vote of a fellmonger or fishmonger of six months' existence, to one of three days', in the selection of a *medical*

officer to a charity, is, assuredly, bottomed in absurdity. For ourselves, we know not how to choose between the man who would obtain an office through the direct influence of money, and he who, to ensure success, would not scruple to resort to lying and intrigue.

The investigation into alleged facts before our non-medical coroners has long maintained such a character for absurdity, that the examination in Moliere has long ceased to appear as a farce. We consider it our duty to direct attention to the report in page 479 of our present No., of an inquest which was held on Monday last, on the body of a medical student, before Mr. Carter, one of the coroners for the county of Surrey. No; we make a mistake: the coroner, it would seem, did not consider it to be a part of his duty to view the body, contenting himself with sending the *jury* to the apartment of the deceased. Poor man! He remained behind, possibly in order to gain time, and that he might be enabled to decipher the, to him, Egyptian hieroglyphics indicated by the abbreviations "Liq. Op. Sed.," which he pronounced "lick, hop, sed," and possibly thus interpreted, "licking sad hops;" a sufficiently ingenious translation, considering that the translator was a non-medical coroner. Exhibitions of this description are more injurious to the public than they are disgraceful to the profession; but we trust they are sufficiently humiliating, enough prejudicial and derogatory, to medical practitioners to induce them to stand forward on every occasion, and use every possible exertion, to place medical men in the office of medical judge, and not permit the utility of that office, and the respectability of the profession, to be compromised or destroyed by the labours of individuals, whose only qualification for the high functions they are called upon to discharge, would appear to be their incapability of drawing up an inquisition, or framing an indictment, without the intrusion of some fatal error.

Disposed as all things are to change, there is one thing which yet remains unaltered, and, apparently, unalterable. We allude to the morality of the hireling of the "Medical Gazette." The honesty of that scribe continues fixed at zero. Think of the impudence of the impostor. He absolutely charges The Lancet with piracy! Why, truly, his impudence is hardening into the most brazen effrontery.

What is the gist of his accusation? Why that The Lancet has published a paper, signed by Messrs. Mayo and Stanley, which was before printed in his journal, "without acknowledgment." We did not start at such a charge, coming as it did from such a quarter, having already had numberless crimes imputed to us by our cowardly, concealed assailant. At our leisure we turned to the page of The Lancet which contains the alleged pirated document, and find that it was thus introduced to the notice of our readers:—

"Structure of the Placenta.—A paper under the above title has just been printed by Longman and Co., for Messrs. Mayo and Stanley:"

and the document, was printed in The Lancet with inverted commas (", ") at every paragraph!

Thus the charge brought against this journal by the hireling of the Bats, is, as usual, a direct lie. It would be ridiculous to use the gentler epithet "falsehood," for this literary poltroon never spits his impotent venom against The Lancet without ejecting a profusion of *lies*. Thus, too, does the fact exhibited in our pages dispose of this profoundly knavish calumny.

But leaving the lie out of the question, in this instance, can anything be more extraordinary, can anything be more won-

derful, than that this "*Gazette*," this trumpery mock-image of THE LANCET, should accuse THE LANCET of piracy—THE LANCET, to which publication, and to which publication alone, the Mock absolutely owes its shadowy existence? The impostor, whilst he was editing the "*Medical and Physical Journal*," denounced the morality of THE LANCET for publishing lectures and hospital reports,—reprobated our scheme as an invasion of the rights of hospital surgeons and other public practitioners. The same identical impostor on finding, week after week, that he was literally banged out of every inch of sound skin, appealed to his battish supporters, when a subscription was raised,—for what goodly purpose think you, gentle reader? Why for dishing up, weekly, a *Mock Lancet*,—for spouting out a new excrescence, hebdomadally, from the old and mortified fungus which had so long been declining under the treatment of the Yellow Goth.*

And how was the *Mock Lancet* to proceed, since the publication of lectures was such a profanity? As it was so immoral to expose the imbecility of the public character of the Bats,—as it was such an intrusion on *private* right to publish reports of cases which occurred in our *public* hospitals, what then were the just and honest duties imposed on the hireling of the "Gazette?" Why, to publish lectures like THE LANCET; to attack *private* character, UN-like THE LANCET; and to publish the reports of cases treated, and *not treated*, in our hospitals, *concocted by the physicians and surgeons themselves*! Oh, what a moral publication is this "Gazette!" How well does a charge of piracy come from such a work, even if it be not considered that the accusation is founded on a lie!

We leave the impostor here for the present—in the odious kennel constructed by himself. But literary justice requires that he should receive an additional roll in his own mind on an early occasion.

* "Mr. BRODIE (*cross-examined by* Mr. WAKLEY). 'Did you pay any portion of the expenses incurred by Mr. ABERNETHY in moving for the injunction obtained in the Court of Chancery against THE LANCET?' *Answer*. 'Yes, I did, on the second application; not the first.' *Question*. 'Are you not at this time contributing pecuniary means towards the support of a journal in opposition to mine?' *Answer*. 'No, I am not; when the journal was instituted I DID CONTRIBUTE, with some others, TO ENABLE THE EDITOR TO SET IT ON FOOT. I know nothing of it since.'" —*Trial of* "*Cooper* versus *Wakley*."

Reflect, reader, on the character and extent of these combinations against THE LANCET.

FROM the excellence of the advice which is given to students by Mr. WARDROP in his address introductory to a course of lectures on surgery, his recommendations are entitled to the fixed attention of every youthful member of the profession. Here we observe the sound instructions of a philosophic investigator and a skilful practitioner. Admonitions proceeding from such a source, are of more value than the wild speculations of all the theorists that the world ever produced.

INQUEST ON A MEDICAL STUDENT.

A jury of tradesmen assembled at the *Lord Nelson*, Trafalgar-street, Walworth, on Monday morning last, to hold an inquest on the body of Mr. George Erasmus Langton, a medical student aged 29, who was supposed to have poisoned himself on the previous Thursday night at his lodgings in the above-named street, by taking a strong solution of opium, while labouring under a very depressed state of feeling, reported to have been brought on by fear of undergoing an examination at some Medical Board. The coroner on the occasion was Mr. Richard Carter, and the proceedings were of a most extraordinary character.

On entering the room, the coroner having been informed by one of the beadles that it was "a case of poisoning," sent the jury to view the body, headed by one of

the beadles. The coroner did not go with them, nor once saw the corpse. The jury returned in about four minutes, were sworn, and straightway informed by the coroner, who had received his information from the beadle, that "the case was one of poisoning." He then inquired for the witness who last saw the deceased alive, when

Mrs. Groome, of 26, Trafalgar-street, a neighbour, appeared, and stated that she knew the deceased, saw him last at about half-past 11 o'clock on the Thursday night, in the act of crossing the street, with a mug of beer in his hand, which he had fetched from the opposite public-house. He opened the door of his lodgings and went in. Next morning at 11 o'clock, Mrs. Gowdy, the deceased's landlady, called and told her that her lodger was dead, and requested her to come and see the body. This she did, and found it lying on the bed with a morning-gown and slippers on, and appearing to be asleep. It proved to be lifeless, but exhibited no marks of external violence. She saw a phial in Mrs. Gowdy's hands, and a letter on the table. There were two pillows on the bed, and one of them seemed as if the corner of it had been in the deceased's mouth. It was stained a little, but not with blood.

Coroner. "Where is the bottle?"—The beadle had it in his pocket, and now pulled it out. There was a label pasted on it, with the words "Liq. Opii Sed." and beneath, the signature of "T. Battley." It was an ounce phial, and contained not a drop of any fluid, nor afforded the least smell of opium.

Coroner. (*Taking the phial.*) "Why what is this? *Lick, lick, hop,*"—"*Oppii,*" said one of the jury; "why is it printed in Latin?"

Coroner. "What is it? Is there any medical man here?"

Mr. Meade, a medical gentleman from the Borough, who was present in consequence of having heard the rumour relative to the cause of death, here replied, "It is Battley's sedative solution of opium."

Coroner. "Is it a poison?"

Mr. Meade. "It is a very strong solution of opium, and, as such, is a powerful narcotic poison."

Coroner. "Where is the letter?"

Beadle. "Here it is, Sir; it is hard to read it, but I have taken a copy of it, except two words I could not understand." The beadle here wanted to hand in his *copy*, which was objected to by a juror.

Coroner. The moment he had looked at the letter, and before he had read a line of it, exclaimed, "Why, there is insanity on the face of it." The jury nodded assent. The letter was then handed round; but, from some unintelligible cause, was neither read aloud, nor by a single individual on the inquest. The attempt was made by one or two of the jury, but was soon resigned. We found the letter ourselves, perfectly legible, and simply exhibiting an appearance of having been written in haste. The following is an exact copy of it:—

"Friday morning.—My mind is harassed; my brain is confused; far better is it that I should quit the world than remain to be ridiculed. I love every human individual. I have injured no one. Those who suppose I have will forgive me. I am not fit for this world, as I am hourly offending people, having no control over myself. I thought I had grasped happiness, but the cup is dashed from my lips never more to be returned; the best evening of my life is sapped dry. God, in his exquisite goodness, cannot require that I should live to merely eat, drink, and sleep. I am alone; death injures nobody; my mind is bursting from the feeble encasement of *my* body. It must have more scope. Away then, away all worldly, grovelling ties.

"G. E. Langton."

Where the word "*my*" occurs above, the deceased had originally written the word "*the*," and then erased it, and substituted "*my*." The name was signed at length, with points carefully placed between the initial letters, the whole bearing any character on the face of it but that of its having been written by an insane person.

The next witness called was—

John Gowdy, who deposed that the deceased had lodged with him for the last five or six weeks. He spoke to deceased the last time on Thursday evening, at about six o'clock, when deceased took tea at home, and went out with two young gentlemen, his intimate friends. He did not see deceased again that night. Deceased did not usually get up until after ten in the morning; about which time witness's wife, not hearing him move, tapped at the door; but receiving no answer, she called witness, who also tapped, and then opened the door, which was not fastened. He then saw the deceased, as if asleep, lying in the bed. Witness had not remarked any change in the manner of the deceased lately. He always seemed reserved, but answered cheerfully when spoken to. (This witness did not undergo the formality of being sworn previous to giving his evidence, nor afterwards.)

The next witness was a

Mr. Graves, who first told the jury that he was in the book-trade, and after-

wards said "that he was also a half-surgeon." Being sworn, he deposed that he knew the deceased intimately, and that deceased had filled the situation of an assistant to several medical men; but was always changing his place, seldom remaining more than three months at a time. The letter was in deceased's hand-writing. Deceased had been on bad terms with his brother. Witness then entered on the subject of the family connexions and genealogy of the deceased, and endeavoured to prove an hereditary disposition to insanity in them. He stated that the father of the deceased shot himself; that his grandfather cut his throat; and that his sister had attempted to commit the same act, but was prevented, and was at present under restraint. This witness also stated that the deceased formerly lived with him, and had had the bottle of Battley's solution of opium for some time in his possession, and had occasionally used a few drops of it for medical purposes. Witness also said, "that he had once hidden the bottle *lest any of the family in his house should take it by mistake*;" but, on further examination, witness said, "*To be candid with you, gentlemen, I hid it lest the deceased should take it.*" He added, that the deceased must have been insane to have committed suicide. The coroner assented to this.

Mr. WIBLIN, assistant to Mr. Carrol, a neighbouring surgeon, here observed, that he did not think the deceased was actually insane, but that he was excited by some cause when he drank the poison. He, witness, thought the diction of the letter proved him to be insane.

The CORONER and Mr. GRAVES turned round at this remark, and said "that it was a very impertinent and ungentlemanly remark."

Mr. MEADE said, that he did not think such reflections proper.

CORONER. (*In a very excited tone.*) "Sir, do you suppose a person could commit such an act who was not insane?"

Mr. MEADE. "I consider that in some cases people of the strongest minds have committed this act labouring under a state of temporary excitement, such as is common to all men at times, and which does not amount to any thing like insanity."

CORONER. (*Most angrily.*) "Impossible, Sir."

ONE OF THE JURY. "Medical men have strange ideas, I think."

The examination of Mr. Half-surgeon Graves was then resumed.

The deceased had gone up for examination to one of the Medical Boards some time since, but some young man who also went up at the same time, having been rejected before deceased was called in, deceased became afraid, and came away with him that was rejected; and had since not had confidence enough to present himself. He was to go to Sierra Leone in a short time. He had made an appointment to go up the river Thames on Sunday last, with some friends, but told witness that he could not do so, and must send an apology. On being asked by witness why he could not go, deceased pointed merely to his head.

CORONER. "It seems certain that he was poisoned by the preparation in this bottle."

Mr. MEADE. "I think that has not yet been proved by any direct evidence."

CORONER. "Why, Sir, what else could it be?"

Mr. MEADE. "The label is not a positive proof as to what were the contents of the phial. It might have contained any other poison, or it might not have contained any poison at all."

CORONER and JURY. "He must have died from poisoning."

Mr. MEADE. "He might have died from various other causes, such as apoplexy, serous effusion, disease of the heart, or many other affections; any of which might be produced by great mental excitement.

The CORONER seemed to think it possible that a person might die from one of the last mentioned causes, but, he said, "*that only could be proved by a post-mortem examination.*"

Strangers were then desired to retire, and the room was cleared under an impression on their part, that the inquest was about to be adjourned for the purpose of an examination of the interior of the body, but five minutes afterwards word was received that the jury had returned a verdict, "That the deceased destroyed himself in a fit of insanity."

No member of the deceased's family was present. Mr. Graves described himself as a kind of agent between deceased and his family, and that the deceased could obtain no money but through him. Two medical gentlemen, we understand, saw the body on Friday, but neither of them was inquired for by the coroner.

Notices of this inquest appeared in some of the morning papers, but none of them gave the least idea of the real character of the proceedings.

WESTMINSTER HOSPITAL.

REPLY TO THE LETTER OF "M.R.C.S."

To the Editor of THE LANCET.

SIR,—I regret exceedingly that my engagements have prevented me, until this moment, from noticing the letter of *M.R.C.S.* * * *

Your readers will perceive that his main declarations are but repetitions of what I stated the week before; I shall, however, take the liberty of pointing out certain of his incidental assertions which are erroneous and "apocryphal." In fact, I hope to convince you that the late affair was as pretty a little job as was ever concocted.

M.R.C.S. truly states, that the regulation or written law of the hospital, sanctioned by all the forms which the constitution of the society requires, is, *that the clinical clerk should be selected from amongst the pupils generally*, but he is wrong when he says that the practice of the physicians, whatever may have been their inclinations, has been to give preference to their own pupils. This supposed deviation from rule, your correspondent absurdly calls *usage law*, although every man of common sense must perceive, that so far from being law, such conduct is a gross infraction of law. It affords, however, a very good example of the manner in which these physicians treat their regulations.

In order to enlighten *M.R.C.S.* on this subject, I append the following table:—

Date.	Name.	Rank and Qualification.	Competitors admitted.
1827	Mr. H. Smith	Pupil of St. Thomas's	None.
	Dr. M. Battles	M.D. Pupil of Edinburgh . ..	Ditto.
1828	Mr. Tebbs.....	M.R.C.S., Surgeon's Pupil ..	Ditto.
	Mr. Dingle	L.S.A., Surgeon's Pupil.....	Ditto.
1829	Mr. Jackson.....	Physician's Pupil	Ditto.
	Mr. Wright	Surgeon's Pupil.....	Ditto.
1830	Mr. James	Surgeon's Pupil	Ditto.
	Mr. Finch	Apothecary's Pupil	Ditto.
1831	Mr. Walsh.....	Surgeon's Pupil	Ditto.
	Mr. Webb.....	Physician's Pupil	Mr. Murray.

N.B.—In this instance both candidates were reported by the physicians to the Board as equally well qualified, but Mr. Webb was preferred, being by several years the senior.

1832	Mr. Jenkins.....	Apothecary's and Surgeon's Pupil	None.
	Mr. Neale.....	Apothecary's and Surgeon's Pupil	Ditto.

You perceive there were but two *medical* pupils out of the twelve.

The pupils were surprised at the announcement of Dr. Barr as a candidate, and the reasons were obvious. That gentleman had entered as perpetual pupil in 1826, and attended the medical practice *about a month*; he then disappeared, and in the course of that, or of the following year, took his degree of M.B. at Cambridge. In 1828 he became a governor, but did he return as an humble pupil, anxious as the bee to extract honey from every pathological flower? Oh, no! he had doffed the sober habit of the grub, and had expanded into that mighty moth, a consulting practitioner! His Doctorship's approach was announced with awful pomp and circumstance, and he was admitted a confidential member of the Hamiltonian conclave. During three years he assisted in the councils of the charity; but again he was missing, until his unexpected reappearance a *month* before the expiration of Mr. Neale's term, when he announced his intention of competing for the vacant clerkship.

It is true that Dr. Barr was twice declared ineligible by the Weekly Board. It is true that a committee was appointed to inquire into the subject. It is also true that this committee decided, that, according to the *literal expression* of the regulation, the claims of this gentleman were valid; but it is further true that the majority of the committee declared their conviction that the Doctor was not the *bonâ fide pupil contemplated by the original promoters of the regulation*. It is the opinion of the majority of that particular committee, and of the governors generally, that the appointment was created solely for the benefit of real pupils actually studying at the hospital, and not for those who paid their fees for the purpose of being admitted into the rank of "expectants," and who might endeavour to obtain the office, for the purpose of laying a surreptitious claim to the regard of the governors. It is a fact that there was a com-

promise between the parties, and the ground of that compromise was, that the threatened appeal of the physicians to a special board, would prove injurious to the collections that are now making to assist the building fund, and it was a fear of this consequence that induced the committee, contrary to their own conviction, to yield to the physician's threat *under cloak of the vague phraseology of the regulation*. It thus appears that my statements remain untouched. I repeat that Dr. Barr is a medical man of twelve years professional standing. He is not a *bona fide* pupil of the hospital. He was an active committee-man and governor. He did not pass the best examination. Mr. Foote was unjustly excluded from competition, both the theory and practice of the regulation being in his favour. The Committee of Inquiry perpetrated a delinquency against the standing order No. 8, and mistook, or neglected, their duty in yielding to the factious threats of their servants, and, finally, the conduct of the physicians throughout the transaction was a "reckless game of injustice." In short, Sir, *M.R.C.S.'s* communication is perfectly "apocryphal."

I am, Sir, your obedient servant,
LEGION.

June 27, 1833.

OPPRESSION UNDER THE MEDICINE STAMP ACT.

To the Editor of THE LANCET.

SIR,—I solicit a corner in your pages to record a circumstance, which, if correct in all its particulars, as I believe it to be, affords another striking instance of the cruelty and injustice of the stamp laws, as far as they relate to the sale of patent medicines and articles sold under such denomination.

Happening a few days since to be in the office of a legal firm of respectability, one of the partners took occasion to allude to petty government prosecutions, and mentioned the following case as stated to him by the victim, and which I hope and trust, for the honour of human nature and for the sake of English justice, is without parallel, since its details appear almost too horrible to be true.

My friend stated, that being recently at Southampton, he went into a small druggist's shop there for a Seidlitz powder, but was informed by the unfortunate proprietor that he could not serve him, as he had just paid a *mitigated* penalty of 10*l.* for selling a similar article, he either not being licensed to sell patent medicines, or having omitted to put 1¼d. stamp on the same. The price of a Seidlitz powder he should tell you, Mr. Editor, is usually 2d., sometimes 3d.! And now mark, Sir, the consequence to this unfortunate man. The legal harpy of the stamp office proceeded for the penalty, and in a few days he was whipped up 10*l.* expenses (call it costs or fine, it matters not). Well, he paid it, but how was the payment made, by what means was the sacrifice accomplished? Learn it now, ye promoters of an odious law; the victim, without resources of his own, was compelled at a ruinous sacrifice, to sell a very considerable portion of the stock of his shop (the very bottles, drawers, &c.), with which his friends had just started him in his undertaking in life! And pointing to his naked shelves and half-emptied shop, he exclaimed to my friend, "See its effects—it beggared me, Sir. I am a ruined man!"

Had this despicable, this cruel and atrocious proceeding occurred in any other country than this, the boasted land of even-handed justice; had it occurred, *gratia exempla*, in the capital of the autocrat of Russia himself, travellers and historians would have recorded it as an instance of one of the evils of a despotic and rapacious government, and a natural consequence of an ill-digested code of laws. But here in the land of justice and "cheap law" it may be regarded as a happy example of the well-working of an Act of Parliament!

Now, Sir, I call on this unfortunate gentleman, who has been so scandalously used, to come forward manfully, and throw himself on the good feelings and spirit of all the retail dealers in medicines, and in a few days we will repair his injury tenfold—advocate his and our own rights and privileges in the proper quarter, and endeavour to make the flagitious circumstances attending his case the happy means of reforming a law as pernicious to the interests of the drug-trade as it is destructive to the individual. As a body we may be formidable, and *must* be listened to; as *individuals* we may be crushed and broken one after another in the same way as our Southampton friend, or as the loosened sticks were snapped asunder by the boy in the fable; but when united and bound together by and in one common cause, we may defy the puny efforts of common informers,—of petty-fogging attorneys,—an abominable trade-destroying stamp-law. Let him come forward, I say, and rely on those of the same class as Your constant reader,

AN APOTHECARY AND CHEMIST.

June 5th, 1833.

MEDICAL AND SURGICAL REFORM.

IMPORTANT NEWS.

We stop the press to communicate to the profession the following information received from a correspondent in authority:—"The Committee of the House of Commons to which the Apothecaries Act Amendment Bill was referred, have discovered that the principle of the Bill involves "so many conflicting interests," and that the responsibility of the duties they have undertaken is so great, as to afford them reason to pause for an instant in their progress. Without attempting, at the present moment, to supply any information relative to the chain of reflection which has led these gentlemen to their decision, we may state as the result of their deliberations, that the Committee intend forthwith to offer to resign their functions into the hands of a Royal Commission, specially appointed to inquire into, receive evidence, and report on, the character and tendency of the existing medical laws, with a view to re-constructing, on a sound and liberal basis, the whole system of medical government in the United Kingdom.

"To this piece of news we have to add, that should the Government decline acceding to this offer, it is the intention of the Committee, instantly afterwards, to make a similar offer to Parliament in favour of the appointment of a Parliamentary Committee having the same object; but that, should the proposal meet with a refusal, or should any circumstances arise which may appear to the Committee to threaten the occurrence of an injurious result to their intentions in making these offers, the Committee—having reserved to itself full power to proceed with the inquiry at present before them, by simply limiting their proceeding to an *offer* to resign—will immediately resume their sittings, and continue, with the utmost vigour and keenness, the investigation thus enforced upon them. It is only with this certain alternative in prospect that the slightest attempt will be made to enlarge the boundaries of the present inquisition.

"The Committee will now, without doubt, look anxiously for such instant support of their present views from the members of the profession, as will be afforded them by the pouring in of petitions from every quarter to the King, the Ministers, or the House of Commons, praying that that proposal of the two which is best adapted to accomplish their purpose may be accepted and acted upon with the same enlarged objects as have prompted this offer."

For ourselves, we warmly deprecate the appointment of a "Royal Commission," which would only prove to be a job commission, and observe, in addition, that every petition that is forwarded on this subject will be deficient, if it be not accompanied by the expression of a hope that the Bill as originally before the House will, with the proposed addition of "England and Ireland" in the thirteenth clause, be instantly enacted into a statute law, whatever ulterior inquiry may be instituted.

Cholera in the Metropolis.—A correspondent at Limehouse, who has authenticated his communication, has written to us as follows:—"June 27, 1833. Observing that you have not lately noticed in your journal the prevalence of cholera at present in London or its environs, I consider it proper to acquaint you that I have, within the last ten days, in the parish of Limehouse, attended six cases of the malignant character, three of which have been fatal. One of them, that of a healthy female, twenty-eight years of age, and in good circumstances, terminated fatally on Tuesday morning last, in sixteen hours from the first symptom of illness. Her mother (living in the same house), who is not quite recovered, went into the stage of collapse on Saturday, the 15th inst., after two days diarrhœa; after which, for five days she passed no urine; and, during seven, presented not the least appearance of bile in the dejections. Diarrhœa and dysentery are very rife in this neighbourhood."